



WESLEY CHAPEL

Love God. Love Others. Serve the World.

Kids In Worship Registration Form

2019-2020

Children's Information

Name: _____

Date of Birth: ____/____/____ Grade: _____
mm dd yyyy

Address: _____

City: _____ Postal Code: _____

Medical Info (Please provide any necessary medical information such as; allergies, medication, disabilities etc.):

Parent/Guardian Information

Parent/Guardian 1: _____

Address: _____

City: _____ Postal Code: _____

Primary Number: (____) _____ Secondary Number: (____) _____

Email: _____

Parent/Guardian 2: _____

Address: _____

City: _____ Postal Code: _____

Primary Number: (____) _____ Secondary Number: (____) _____

Email: _____



WESLEY CHAPEL

Love God. Love Others. Serve the World.

Kids In Worship Registration Form

2019-2020

Please list all who are authorized to pick your child(ren) up from KIWi.

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

3. Name: _____

Relationship: _____

4. Name: _____

Relationship: _____

Authorized Pick-Up

I, _____ hereby give my consent for my child,

_____ to be photographed for security purposes and during activities at Wesley Chapel. I also give permission for the church staff to display my child's picture on the bulletin board or for local (in-house) church publication, such as PowerPoint slides during announcements or newsletters.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Photo Consent



WESLEY CHAPEL

Love God. Love Others. Serve the World.

Kids In Worship Registration Form

2019-2020

If you have more than one child add them to this form and staple to the first page

<p>Name: _____</p> <p>Date of Birth: ____/____/____ mm dd yyyy</p> <p>Grade: _____</p> <p>Medical Info (Please provide any necessary medical information such as; allergies, medication, disabilities etc.):</p> <p>_____</p> <p>_____</p>	Children's Information
<p>Name: _____</p> <p>Date of Birth: ____/____/____ mm dd yyyy</p> <p>Grade: _____</p> <p>Medical Info (Please provide any necessary medical information such as; allergies, medication, disabilities etc.):</p> <p>_____</p> <p>_____</p>	Children's Information
<p>Name: _____</p> <p>Date of Birth: ____/____/____ mm dd yyyy</p> <p>Grade: _____</p> <p>Medical Info (Please provide any necessary medical information such as; allergies, medication, disabilities etc.):</p> <p>_____</p> <p>_____</p>	Children's Information