



TEAMKIDS REGISTRATION

Wednesday Evenings • Check-in **5:50 PM** • Pick-up **7:45 PM**
Parents sign children in & out at the Fellowship Hall each week.

CHILD'S INFORMATION

CHILD'S FULL NAME _____ DATE OF BIRTH _____ AGE _____ GRADE (THIS FALL) _____

SIBLINGS ALSO ATTENDING TEAMKIDS

SIBLING'S NAME	DATE OF BIRTH	AGE	GRADE

PARENT / GUARDIAN & CONTACT INFORMATION

PARENT / GUARDIAN NAME _____ RELATIONSHIP TO CHILD _____ CELL PHONE _____

EMAIL ADDRESS _____ ALTERNATE PHONE _____

HOME ADDRESS _____ CITY / STATE / ZIP _____

HOME CHURCH (IF OTHER THAN NEVILL'S CHAPEL) _____ OKAY TO TEXT? ☐ Yes ☐ No

SECONDARY / EMERGENCY CONTACT

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

APPROVED FOR PICK-UP

Adults (other than parents/guardians) allowed to sign your child out. Please designate the pick-up adult at sign-in each week.

NAME _____ RELATIONSHIP _____ NAME _____ RELATIONSHIP _____

FOOD ALLERGIES, DIETARY & MEDICAL NEEDS

FOOD ALLERGIES / DIETARY NEEDS (A MEAL IS SERVED EACH WEEK — PLEASE LIST EVERYTHING WE SHOULD KNOW)

MEDICAL CONDITIONS, MEDICATIONS, OR OTHER NEEDS

PHOTO RELEASE: ☐ I **DO** give permission ☐ I **DO NOT** give permission — for my child's photo to appear in church publications, website, and social media.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

