

I would like to receive information about children's choir programs and/or Wednesday evening programs for children.



REGISTRATION 2018-2019

• By registering my child for GraceKids, I authorize that my child's image may be photographed, filmed, and be used for video, print, and/or web presentation.
• By giving my email address, I understand that I will be added to the Grace Community Church's mailing list. Grace will not give your personal information to any third parties.

STEP 1

Parent/Guardian 1

First Name _____
Last Name _____
Relationship to child _____
E-mail _____
Cell Phone _____

STEP 1

Parent/Guardian 2

First Name _____
Last Name _____
Relationship to child _____
E-mail _____
Cell Phone _____

List the names of others authorized to pick up your child: _____

STEP 2

Address Information (Primary Residence of Child)

Home Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____

STEP 3

Individual Child's Information

First Name: _____ Last Name: _____ Birth Date: ___/___/___
Gender: _____ Grade: _____ School: _____ Home Phone: _____
Allergies _____
Special Needs: _____

Individual Child's Information

First Name: _____ Last Name: _____ Birth Date: ___/___/___
Gender: _____ Grade: _____ School: _____ Home Phone: _____
Allergies _____
Special Needs: _____

Individual Child's Information

First Name: _____ Last Name: _____ Birth Date: ___/___/___
Gender: _____ Grade: _____ School: _____ Home Phone: _____
Allergies _____
Special Needs: _____