



Kids Kairos Quest

Registration

2018-2019

LAST NAME: _____

ADULT 1: _____

ADULT 2: _____

CHILD 1: _____ BD: ____/____/____ GRADE: ____

CHILD 2: _____ BD: ____/____/____ GRADE: ____

CHILD 3: _____ BD: ____/____/____ GRADE: ____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

PRIMARY E-MAIL: _____

Physical/dietary or other special
needs: _____

How can parent be contacted in case of emergency:

_____ I will be in 9:00 worship

_____ I will be in Adult SS

_____ Call my cell/home number above.