



Kids Kairos Quest Registration 2019-2020

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