



KIDS OF THE KINGDOM
2017 – 2018 Registration Form
 (Sunday School 10:15 – 11:15 am)
 Hope Lutheran Church | (952) 492-2099
office@hope-jordan.org | www.hope-jordan.org



PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name	Parent/Guardian Last Name	Address	Phone Number	E-mail	Emergency Contact <small>(during Kids of the Kingdom time)</small>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

I Would like text messages regarding closings, scheduling changes, and reminders. If yes, service provider: _____

CHILDREN TO BE REGISTERED FOR KIDS OF THE KINGDOM
 (Ages 3 through entering 4th Grade Fall of 2017)

Child First Name	Child Last Name	Date of Birth	Grade in Fall 2017	Food Allergies?	Health Concerns?	Special teaching needs?

Waiver: I authorize the above child(ren) to participate in Kids of the Kingdom Sunday school at Hope Lutheran Church. I authorize emergency medical treatment for the above child(ren) provided that I cannot be reached. I give permission for the above child(ren) to be videotaped/ photographed for Hope Lutheran Church to use in their brochures, newsletters, worship presentation and media communication (i.e. Hope's website and facebook page). **By signing, you accept this waiver.**

Parent/Guardian Signature: _____ Date: _____

To help cover the cost of supplies: cost per child is \$15, with an overall family maximum of \$40.
THANK YOU FOR YOUR SUPPORT!