

Register me for Keepers of the Kingdom!

Child's name _____

Gender: Male ___ Female ___ Birthdate ____/____/____ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____

Phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Who can pick up your child? _____

Name of home church _____

Food allergies Y___ N___ List _____

Medical concerns Y___ N___ Explain _____

Copyright © 2022 Answers in Genesis. Limited license to copy.

Register me for Keepers of the Kingdom!

Child's name _____

Gender: Male ___ Female ___ Birthdate ____/____/____ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____

Phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Who can pick up your child? _____

Name of home church _____

Food allergies Y___ N___ List _____

Medical concerns Y___ N___ Explain _____

Copyright © 2022 Answers in Genesis. Limited license to copy.