

Sunday Evening Kid Group Registration

Child's Name: _____ Age/Grade: _____

Child's Name: _____ Age/Grade: _____

Child's Name: _____ Age/Grade: _____

Child's Name: _____ Age/Grade: _____

Child's Name: _____ Age/Grade: _____

Parent(s) Name: _____

Small Group Attending: _____ Location: _____

Cell Phone (if available): _____

Can we TEXT you if we need you? Yes No, just call