



Registration Form

Student's Name: _____ M or F (circle one)

Birthdate: _____ Age: _____ Grade: _____

Parent's Names: _____

Mailing Address: _____

Physical Address: _____

Primary email: _____

Secondary email (optional): _____

Number where parent can be reached during class: _____

Secondary number (optional): _____

Any food allergies: _____

I give my child permission to attend KidsQuest at Sierra Community Church on Tuesdays from 4:30pm to 5:45pm. In case of emergency, I give the adult leaders of this class permission to seek medical treatment for my child.

Parent's signature: _____

Office Use: Paid Amount: _____

Cash _____ Check Number: _____

Date: _____

Credit Card using Square: _____