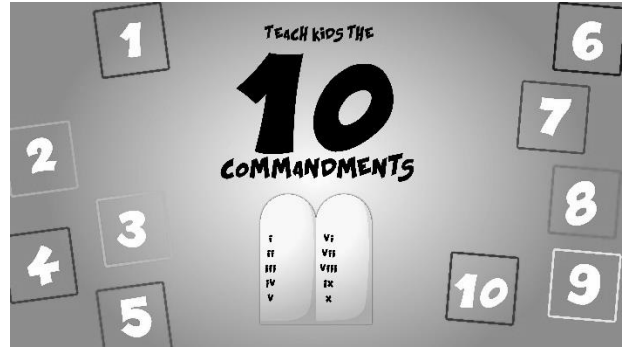


Wiggins Community Church
Kingdom Kidz
Registration Form (One Per Child)



Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ School grade: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Allergies or other medical conditions:

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____