

THE KINGDOM CONNECTION

Name _____ D.O.B. _____ Grade in Fall 2016 _____

Phone #s _____

Email address(es) _____

Address _____

City _____ State _____ Zip _____

Allergies/Medical Needs: _____

Parent's Name(s): _____

Location during rehearsal: _____

Contact Phone # during rehearsals: _____

Person(s) allowed to pick-up your child after rehearsal: _____

Rehearsal Schedule conflicts: _____

Past musical experience: _____

T-Shirt Size: Child's Small Adult Small Adult X-Large
 Child's Medium Adult Medium
 Child's Large Adult Large

Height: _____ Pant Size: _____ Shoe Size: _____

___ I have a Medical Release Form on file with the Church for my child.
(If not, please fill one out.)

___ Parent signed up to help at these times: (3 times required – One must be for rehearsal set up – see sign up sheet before filling out these dates)

Date: _____ For: _____

Date: _____ For: _____

Date: _____ For: _____

Parent skills we might find valuable: (i.e., construction, painting, crafts, computer)

To be filled out by staff:

Registration Fee Paid: Amount _____ Cash or Ck# _____