

ABC Kids Connection

Ardena Baptist Church After-school Program



Kids' Registration

Child's Name: _____ Age: _____ Grade: _____

School: _____

Parents' Name: _____

Email address: _____

Address: _____

Phone: home: _____ cell: _____

Pick-up Information

Please list the names of anyone who is authorized to pick up your child after Kids' Connection:

Primary Contact Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Secondary Contact Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

*Please list the name(s) of anyone who IS NOT authorized to pick up your child after Kids' Connection: _____

*** SEE EMERGENCY CONTACT INFORMATION ON NEXT PAGE:

Emergency Contacts: Please list names/relationship, and contact information of someone who can be called in case we need to get in touch with you during Kids' Connection:

Primary Contact Name: _____	Relationship: _____	
Home Phone: _____	Cell: _____	Work: _____
Secondary Contact Name: _____	Relationship: _____	
Home Phone: _____	Cell: _____	Work: _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ Policy Number: _____

Does your child have any allergies? If yes, please provide details:

Does your child have any medical conditions or personal information we should be aware of?
Provide details:

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