

Parent / Guardian / Emergency Contact:

Check one: Parent Guardian

Last name _____ First name(s) _____

Address _____ City _____ State _____ Zip _____

Email address _____

(We frequently communicate updates and changes through email; please list the email that is the best way to reach your family.)

Home phone () _____

Work Phone () _____

Cell Phone () _____

Child / Children's Information:

First child: Last name _____ First name _____ MI _____

Date of birth ____ / ____ / ____ Age ____ (as of 9/1/11) Grade ____ (as of 9/1/11) School _____

Sex: Male Female

Please list any special needs, allergies or custodial issues of which we should be aware:

Second child: Last name _____ First name _____ MI _____

Date of birth ____ / ____ / ____ Age ____ (as of 9/1/11) Grade ____ (as of 9/1/11) School _____

Sex: Male Female

Please list any special needs, allergies or custodial issues of which we should be aware:

Third child: Last name _____ First name _____ MI _____

Date of birth ____ / ____ / ____ Age ____ (as of 9/1/11) Grade ____ (as of 9/1/11) School _____

Sex: Male Female

Please list any special needs, allergies or custodial issues of which we should be aware:

Fourth child: Last name _____ First name _____ MI _____

Date of birth ____ / ____ / ____ Age ____ (as of 9/1/11) Grade ____ (as of 9/1/11) School _____

Sex: Male Female

Please list any special needs, allergies or custodial issues of which we should be aware:

Child / Children’s Information continued:

Fifth child: Last name _____ First name _____ MI _____

Date of birth ____ / ____ / ____ Age ____ (as of 9/1/11) Grade ____ (as of 9/1/11) School _____

Sex: Male Female

Please list any special needs, allergies or custodial issues of which we should be aware:

Additional Information:

I am interested in learning of ways I can volunteer as part of RCC Kids’ Ministries: Yes / No (circle one)

Occasionally, we may take photographs of the children in our program. We may use these images on our website, during services, and for printed publications. Name of minors are never posted. May we use your child’s photograph on our website, during services and/or in our printed materials? Yes / No

Note: *Children must be checked in at the welcome station and picked up via a security tag by a designated adult.*

I hereby request that you accept the application for enrollment of the child/ren listed on this application in the kid’s programming at Roseville Covenant Church for 2011-12. I hereby authorize the kid’s leadership to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be reached.

Parent/Guardian signature

Date

Thank you for enrolling your child in our programs. If you have questions, please email: office@rosevillecovenant.org

Please return completed registration forms to the Kid’s Registration Table or mail them to:

Roseville Covenant Church
2865 N. Hamline Avenue
Roseville, MN 55113