



Garden Of Kids Registration Form

FAMILY INFORMATION

Family Name: _____ Viber #: _____
Parents'/Guardians' Names _____
Address _____ City _____ State _____ Zip Code _____

CHILD INFORMATION

Child's Name: _____ Age _____
Gender: _____ Medical Conditions/Allergies: _____

Child's Name: _____ Age/Birthday _____
Gender: _____ Medical Conditions/Allergies: _____

Child's Name: _____ Age/Birthday _____
Gender: _____ Medical Conditions/Allergies: _____

Persons Authorized to Pick up Child(other than parents listed above over 16)

1) Name: _____ Relationship _____
2) Name: _____ Relationship _____

Please let us know during what service your child will be attending "Garden Of Kids"

Sunday (1st service) _____ Sunday (2nd service) _____

Garden Of Kids Agreement

☐ Our "Garden Of Kids" is able to provide cost free child care during church services. In keeping with the cooperative nature of the "Garden Of Kids" program, we need all families sign on and volunteer once in 2 month.

Initials

☐ I agree not to hold "Garden Of Kids" employees and members legally or financially liable for any illness, accident or injury to my child that may occur before, during or after any "Garden Of Kids" classes.

Initials

☐ If my child should become ill or be injured and I cannot be contacted immediately, I agree that an employee of "Garden Of Kids" may, without liability, act in my stead in consenting to any medical treatment that he or she in good conscience deems to be in the best interest of my child.

Initials

☐ I give my permission for any picture taken of my child to be used for classroom projects and/or church web site.

Initials

☐ For the children safety "Garden Of Kids" staff does not required to change child's full diaper.

Initials

Parent Signature _____ Date _____