



KidsCreek

REGISTRATION & EMERGENCY CONTACT

CHILD(REN) LAST NAME

How did you hear about KidsCreek? _____ CHECK ALL THAT APPLY:
 I am here for a special event I am from out of town I am a first-time guest I attend Spring Creek and brought a guest

Both Parent's Names: _____

Phone: (_____) _____ (_____) _____ (_____) _____
MOTHER'S CELL FATHER'S CELL HOME PHONE IF APPLICABLE

Email(s): _____
MOTHER'S EMAIL - For KidsCreek check in FATHER'S EMAIL - For KidsCreek check in

Address: _____
STREET CITY STATE ZIP

CHILD NAME (List last name if different than parent)	M / F	CHILDS CURRENT CLASSROOM GRADE LEVEL *3's rm: if 3 BEFORE Sept 1 or turns 4 AFTER Sept 1 *4's rm: if 4 BEFORE Sept 1 or turns 5 AFTER Sept 1	DATE OF BIRTH
Child's Name: _____ Does your child have allergies? <input type="checkbox"/> yes <input type="checkbox"/> no Does your child have special needs? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe on the back of this page		Non-Walker Walker 2y 3y* 4y* K 1 2 3 4 5	
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9am service Infants through 5th grade. 10:30am service Infants through 1st grade.

By registering my child, I am also giving permission to Spring Creek Church to take and use photos/video of my child for their website and promotion, provided that my child's name or other information is not referenced.

Emergency Information –REQUIRED FOR KIDSCREEK CHECK-IN:

In the event of an emergency, I (_____) authorize first aid and/or medical treatment for this child(ren) and release Spring Creek Church for any and all responsibility in connection therewith.

Relationship to Child(ren): _____ Signature _____

Special Needs and Allergy Information

Child's Name with allergies: _____

List allergies : _____

Child's Name with Special Needs: _____

Does your child have an IEP at school: yes no

Please describe your child's special needs: _____

FOR INTERNAL USE 9:00am 10:30am 9:00am 10:30am 9:00am 10:30am

1st Visit Date: _____ / _____ / _____ **2nd Visit Date:** _____ / _____ / _____ **3rd Visit Date:** _____ / _____ / _____
CUP & BROCHURE ICE CREAM COUPON + INFO CARD TO REGISTRANT EMAIL TO REGISTER / ADD TO CHECK IN