



EMERGENCY CONTACT & REGISTRATION FORM

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

Your Name if different than parent listed above: _____

RELATIONSHIP TO CHILD(REN)

YOUR CELL PHONE (for emergency contact purposes)

Child(ren) Information

CHILD NAME (List last name if different than parent) (NOTE: 2ND THROUGH 5TH GRADE MEETS AT 9:00AM ONLY)	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
		Non-Walker Walker 2y 3y* 4y* K 1 2 3 4 5	
		Non-Walker Walker 2y 3y* 4y* K 1 2 3 4 5	
		Non-Walker Walker 2y 3y* 4y* K 1 2 3 4 5	
		Non-Walker Walker 2y 3y* 4y* K 1 2 3 4 5	
		Non-Walker Walker 2y 3y* 4y* K 1 2 3 4 5	

Special need & name of child: (Food Allergies, Mobility, Health Concern. List anything that may be helpful to classroom teachers)

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 _____

FOR INTERNAL USE	<input type="checkbox"/> 9:00am	<input type="checkbox"/> 10:30am	<input type="checkbox"/> 9:00am	<input type="checkbox"/> 10:30am	<input type="checkbox"/> 9:00am	<input type="checkbox"/> 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				