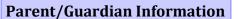


## Soldotna Church of God SolKidz Children's Ministries

## **Child Enrollment Form**



Date Received:				
//				
Date Recorded:				
/				

Parent /Guardian#1 (	(Print Please)		Parent /Guardian	n#2 (Print Please)		
Name (first, last):			Name (first, last):	Name (first, last):		
E-mail:			E-mail:			
Phone (home):			Phone (home):		_	
Phone (cell):			Phone (cell):			
Cell Phone Carrier (ATT, Verizon, GCI, etc.): Relationship to Child:			Cell Phone Carrier (ATT, Verizon, GCI, etc.):			
			Relationship to Ch	Relationship to Child:		
Mailing address:			Mailing address:			
City:	State:	Zip:	City:	State:	Zip:	
Physical Address if different from above: Address:				Physical Address if different from above:  Address:		
City:	State:	Zip:	City:	State:	Zip:	
		<b>Child Inform</b>	mation (Please Print)			
Name (first, last):				Date of Birth:		
Name (first, last): Allergies: Physician/Phone:				Date of Birth: (	Grade: er: M F	
Name (first, last): Allergies: Physician/Phone: Please list emergency co	ntacts, <u>not listec</u>	Emergency d above, to be con		Date of Birth: ( Gende	Grade:er: M F	
Name (first, last): Allergies: Physician/Phone: Please list emergency co	ntacts, <u>not listec</u> zed for pick up (un	Emergency described above, to be concluded when the conclusion with the conclusion of the conclusion o	y Contact Information	Date of Birth: Gende  to contact either Parent #2).	Grade:er: M F	
Name (first, last): Allergies: Physician/Phone: Please list emergency co names listed are authoriz	ntacts, <b>not liste</b> ct zed for pick up (un <b>and Pick-up #1</b>	Emergency diabove, to be concless we receive print	<b>y Contact Information</b> ntacted when we are unable to the control of the control	Date of Birth: Gende  to contact either Parel r Parent #2). Emergency C	Grade: er: M F 	
Name (first, last): Allergies: Physician/Phone: Please list emergency conames listed are authorizemergency Contact (Name (last):	ntacts, <b>not liste</b> ( zed for pick up (un <b>and Pick-up #1</b>	Emergency d above, to be concless we receive print Emergency Name (last):	y Contact Information ntacted when we are unable to or notification by Parent #1 o	Date of Birth: Gende to contact either Pare r Parent #2).  Emergency C	Grade: er: M F  nt #1 or Parent #2. Only  Contact and Pick-up #3	
Name (first, last): Allergies: Physician/Phone: Please list emergency conames listed are authori:  Emergency Contact in the c	ntacts, <b>not listed</b> zed for pick up (un <b>and Pick-up #1</b>	Emergency dabove, to be concluded by the	y Contact Information ntacted when we are unable to or notification by Parent #1 or cy Contact and Pick-up #2	Date of Birth: (Gender to contact either Parent Parent #2).  Emergency (Name (last): Name (first):	Grade: er: M F nt #1 or Parent #2. Only Contact and Pick-up #3	
Name (first, last): Allergies: Physician/Phone: Please list emergency conames listed are authorizemergency Contact in Name (last): Name (first):	ntacts, <b>not listed</b> zed for pick up (un <b>and Pick-up #1</b>	Emergency dabove, to be concless we receive price Emergency Name (last): Name (first): Phone (cell):	y Contact Information ntacted when we are unable to or notification by Parent #1 o	Date of Birth: Gende  To contact either Parent r Parent #2).  Emergency C Name (last): Name (first): Phone (cell):	Grade: er: M F nt #1 or Parent #2. Only Contact and Pick-up #3	
Name (first, last):	ntacts, <b>not listec</b> zed for pick up (un <b>and Pick-up #1</b>	Emergency above, to be concless we receive prince Emergency Name (last): Name (first): Phone (cell): (Home):	y Contact Information ntacted when we are unable to or notification by Parent #1 o	Date of Birth: Gende  To contact either Parent r Parent #2).  Emergency C Name (last): Name (first): Phone (cell):	Grade: er: M F nt #1 or Parent #2. Only Contact and Pick-up #3	

With this signature, I authorize Soldotna Church of God to give permission for medical or hospital personnel to provide emergency medical or surgical care for my child (listed on this page), in the event that I cannot be contacted immediately. It is understood that a conscientious effort will be made to locate me or my child's other parent/guardian before any action will be taken. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care.