



Soldotna Church of God
SolKidz Children's Ministries
Child Enrollment Form

Date Received:
___ / ___ / ___
Date Recorded:
___ / ___ / ___

Parent/Guardian Information

Parent /Guardian#1 (Print Please)	Parent /Guardian#2 (Print Please)
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.): _____	Cell Phone Carrier (ATT, Verizon, GCI, etc.): _____
Relationship to Child: _____	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: _____

Child Information (Please Print)

Name (first, last): _____ Date of Birth: ___/___/___
Allergies: _____ Grade: _____
Physician/Phone: _____ Gender: M F

Emergency Contact Information

Please list emergency contacts, **not listed above**, to be contacted when we are unable to contact either Parent #1 or Parent #2. Only names listed are authorized for pick up (unless we receive prior notification by Parent #1 or Parent #2).

Emergency Contact and Pick-up #1	Emergency Contact and Pick-up #2	Emergency Contact and Pick-up #3
Name (last): _____	Name (last): _____	Name (last): _____
Name (first): _____	Name (first): _____	Name (first): _____
Phone (cell): _____	Phone (cell): _____	Phone (cell): _____
(Home): _____	(Home): _____	(Home): _____
Place of Work: _____	Place of Work: _____	Place of Work: _____
Relationship to Child: _____	Relationship to Child: _____	Relationship to Child: _____

Consent for Emergency Care

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.

Parent Signature: _____ Date: _____