

KINGDOM KIDS REGISTRATION 2025/26 Season



Parent(s) Name(s): _____

Address: _____

City: _____ Postal Code: _____

Cell #: (Mom) _____ (Dad) _____

E-mail: _____

Church (if any): _____

Emergency contact: _____ Cell #: _____

CLUBBER 1:

Name: _____ Birthday: _____

Age: ____ Grade: ____ AHC # _____

Medical Conditions or allergies that we need to know of to help your child have a safe time during club meetings: _____

CLUBBER 2:

Name: _____ Birthday: _____

Age: ____ Grade: ____ AHC # _____

Medical Conditions or allergies that we need to know of to help your child have a safe time during club meetings: _____

CLUBBER 3:

Name:_____ Birthday:_____

Age:____ Grade:_____ AHC #_____

Medical Conditions or allergies that we need to know of to help your child have a safe time during club meetings:_____

CLUBBER 4:

Name:_____ Birthday:_____

Age:____ Grade:_____ AHC #_____

Medical Conditions or allergies that we need to know of to help your child have a safe time during club meetings:_____

Terms and Conditions

As parent and /or legal guardian, I give permission for the child(ren) listed on this registration form to participate in the KINGDOM KIDS program at Century Meadows Baptist Church for the 2023-2024 club year. I understand that this is a structured program for children kindergarten through 6th grade that is designed for spiritual instruction and evangelism of its participants. I give permission to KINGDOM KIDS and Century Meadows Baptist Church to take photographs of my child participating in the club activities. If a sudden illness or other serious medical emergency should occur and I cannot be reached, I authorize the KINGDOM KIDS leadership to take my child to the nearest emergency clinic. I agree to hold KINGDOM KIDS and Century Meadows Baptist Church leadership harmless from any financial responsibility due to unforeseen accidents or injuries. This release is valid through May 31, 2024, and applies to all KINGDOM KIDS activities.

Parent Signature_____ Date_____