



CKC Registration Sheet

Name: _____ Grade: _____

Does your family attend a church? _____ If So, Where? _____

Birthday: _____ Hobbies: _____

If you died right now, do you know for sure that you would go to heaven? _____

Why? _____

Parents names: _____

Address: _____

Phone #: _____ Cell phone # _____

Emergency Contact and #: _____

Dr: _____ Phone: _____

Insurance carrier and policy # _____

Allergies / Medical Conditions _____

I give Calvary Kids Club personnel permission to seek medical care for my child in the even I cannot be reached.

Parents Signature: _____ Date: _____

Suggested donation: \$30.00

Paid \$ _____ Check #: _____ Date: _____