

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Service Attended: 1st 2nd

**Kids Connection** **Preschool-Nursery Registration** (Circle) Male Female

Child's Name \_\_\_\_\_ Inf/Tod  Preschool

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Allergies: \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Name of Adult who signed child in \_\_\_\_\_

Relationship to child \_\_\_\_\_

Email \_\_\_\_\_

Address of Child \_\_\_\_\_

Cell phone # \_\_\_\_\_

