



**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Numbers:**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Age Information:**

Birth date: \_\_\_\_\_ Last Grade Completed in School: \_\_\_\_\_

**Medical Information:**

Medical or other information we need to know. (Please include any food allergies.)

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**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Dismissal Information:**

Who may pick up your child at the end of each day?

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**Other:**

Do attend Sunday School? If so where?

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May we have permission to photograph your child?

Yes \_\_\_ No \_\_\_

I understand that my child will participate in age appropriate games, activities, and faith-based curriculum while at Kidz Klub. I agree to allow my child to participate in any and all activities at Kidz Klub and will not hold First Baptist Church, Brazoria or any individual involved in Kidz Klub responsible for any accident or injury my child may incur.

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Parent/Guardian Signature