



Asbury UMC KidzQuest 2018

Registration Form

Sundays, Starting September 9, 2018 4:00PM-5:30PM

Grades K-5

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: () _____ Alternate Phone: () _____

Email Address: _____

Allergies or other medical conditions:

In case of emergency contact: _____ Phone: () _____

Additional Helpful Information About my Child:

I give the church permission to take my child's photo and it is okay for it to be on the church's website. Please check below:

- Yes I give consent to my child's photo being taken.
- No I don't want my child's photo to be taken.

Parent Signature: _____