

Seymour United Methodist Church

Kids of the Kingdom Registration

2017-2018

Child's name _____

Address _____

Child's age _____ **Date of Birth** _____

Grade in school _____

Parent/Guardian _____

Best phone number to reach parent _____

Text number _____

Email _____

Severe medical issues or allergies we should know about:

Please notify me of any special concerns or arrangements for your child.

