

CCO Kids REGISTRATION FORM

We are so glad you're here!

PLEASE PRINT AND COMPLETE THIS CARD IN ITS ENTIRETY.

Are you a first time guest? [] Yes [] No

Fill out the information that best describes YOUR relationship to the child. If the child does not live with you but you are the adult(s) responsible for bringing them, please list YOUR contact information. Thank you and WELCOME to Christ's Church of Oronogo.



STEP 1

Adults Responsible for Child

Dad's Name _____ DOB _____

() Dad/Step-Dad () Guardian/Other Relative () Other: _____

Relationship

Mom's Name _____ DOB _____

() Mom/Step-Mom () Guardian/Other Relative () Other: _____

Relationship

YOUR Contact Information:

Address: _____
Street City State Zip Code

Home Phone _____ Email _____

Dad/Guardian/Other Cell _____



Mom/Guardian/Other Cell _____

Child(ren) live with: () Father () Mother () Both () Other

STEP 2

STEP 3

Children's Names Birthdate Sex Grade Allergies/Special Needs
(please give last name if different than above) MM/DD/YY

1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

OPTIONAL

Other Adult authorized to pick up your child: To be signed ONLY by the parent or legal guardian

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Signature _____ Date _____

(Parent or Legal Guardian Only)



For Office Use Only: 1. [] 2. [] 3. [] 4. []

