

Responsible Adult or Guardian

First Name: _____

Last Name: _____

Phone Number: _____

Text Messages Ok? Yes _____ No _____

Email: _____

____ I would like to receive email updates about kids programming and events for kids

Address

Street: _____

City: _____ State: _____ Zip: _____

I acknowledge that Frontier Church is only responsible for the supervision of the child(ren) listed below during the designated kid activities provided by the church.

I acknowledge that myself or other person(s) designated below will promptly pickup child(ren) after service from the children's programming room.

Person(s) designated for picking up child(ren):

Signature: _____ Date: ____ / ____ / ____

(For All Children 18 & Under)

First Name: _____

Last Name: _____

Date of Birthday: ____ / ____ / ____

Known Allergies: _____

Grade: _____

School: _____

First Name: _____

Last Name: _____

Date of Birthday: ____ / ____ / ____

Known Allergies: _____

Grade: _____

School: _____

Child

Child

First Name: _____

Last Name: _____

Date of Birthday: ____ / ____ / ____

Known Allergies: _____

Child

Grade: _____

School: _____

First Name: _____

Last Name: _____

Date of Birthday: ____ / ____ / ____

Known Allergies: _____

Child

Grade: _____

School: _____

First Name: _____

Last Name: _____

Date of Birthday: ____ / ____ / ____

Known Allergies: _____

Child

Grade: _____

School: _____

First Name: _____

Last Name: _____

Date of Birthday: ____ / ____ / ____

Known Allergies: _____

Child

Grade: _____

School: _____

First Name: _____

Last Name: _____

Date of Birthday: ____ / ____ / ____

Known Allergies: _____

Child

Grade: _____

School: _____