



Safe Harbor Christian Church Kingdom Quest Registration Form



Today's Date: _____

CHILD #1 Please Print

Name: _____ Sex: M or F
(Last Name) (First Name) (Middle Initial)

Birthdate: _____ Age: _____ Grade in FALL 2019 _____

List any allergies or special needs in detail:

Does your child have a nickname you would like us to call him/her? _____

Office Use Only	
Group Assignment: _____	Nametag Made: _____ (date)

CHILD #2

Name: _____ Sex: M or F

Birthdate: _____ Age: _____ Grade in FALL 2019 _____

List any allergies or special needs in detail:

Does your child have a nickname you would like us to call him/her? _____

Office Use Only	
Group assignment: _____	Nametag Made: _____ (date)

CHILD #3

Name: _____ Sex: M or F

Birthdate: _____ Age: _____ Grade in FALL 2019 _____ List

any allergies or special needs in detail:

Does your child have a nickname you would like us to call him/her? _____

Office Use Only	
Group assignment: _____	Nametag Made: : _____ (date)



Safe Harbor Christian Church
Kingdom Quest Registration Form



Parent / Guardian / or Persons Responsible

Child(ren)'s Address: _____
(Street)

(City) (State) (Zip)

Home/Cell Telephone Number: (____) - _____

Email Address: _____

Father's Name: _____ Work # _____
(Last) (First) (MI)

Mother's Name: _____ Work # _____
(Last) (First) (MI)

Child lives with: Both Parents Mom Dad Grandparent Other: _____

***Any other person/persons allowed to pick child(ren) up and remove from Safe Harbor care.

Signature of Parent / Guardian _____ Date _____