

# FAMILY REGISTRATION FORM

## Primary Guardian Information

Name \_\_\_\_\_  
 Spouses \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-Mail \_\_\_\_\_

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 City, State, ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-Mail \_\_\_\_\_

How did you hear about Kenosha First Assembly? \_\_\_\_\_

### Child(ren)'s Information:

CHILD'S NAME	Gender	Birth Date	Grade	Relationship to Primary Guardian
Allergies / Special Instructions:				
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PERSONS **NOT** AUTHORIZED TO PICK UP YOUR CHILD(REN) \_\_\_\_\_