



Mid+Kids Registration

Child's Name _____ Today's date _____

Child lives with _____

Child's Address _____

City, State, Zip _____

Child's Birthdate (month/date/year) _____ Age _____ Sex _____ Grade _____

Home Phone _____ Cell _____ Cell _____

Email _____

Mother's/Guardian's Name (in full) _____

Father's/Guardian's Name (in full) _____

Special Needs _____

- Food restrictions... _____
- Potty trained... _____ yes _____ no additional info... _____
- Chronic illness... _____
- Physical limitations, etc. _____

Sibling Information

1.Sibling's Name _____ Date of Birth _____ Sex _____ Grade _____

2.Sibling's Name _____ Date of Birth _____ Sex _____ Grade _____

3.Sibling's Name _____ Date of Birth _____ Sex _____ Grade _____

4.Sibling's Name _____ Date of Birth _____ Sex _____ Grade _____

Are you active in another church? Yes / No

How did you hear about us? _____

Photo Release: I authorize Middle Presbyterian Church permission to use my child's likeness in a photograph in any of it's publications.

(Guardian Signature) _____ Date _____