

KidsZone @ NRCC Registration Card Date: _____

Child's Name: _____

Sex: M F Grade in School: _____ Birthdate: _____

E-mail: _____

Mobile Phone #: _____ Carrier: _____

Name of Parents: _____

Address: _____

Town: _____ Zip Code: _____

Siblings: _____

Child usually lives with: Both Parents Mother Only Father Only Other

Service Usually Attending: 9 am 11 am ?

Please turn over to complete >>>

KidsZone @ NRCC Personal Information

MEDICAL: Allergies, Medications, Learning disabilities, emotional characteristics, health concerns, fears, etc. Please list all:

How did you hear about NRCC?

Special Instructions: *(optional)*

Family situations (new baby, moves, losses, death, divorce, remarriage, etc.):
