

TRINITY KIDS
Childcare Registration
2019 – 2020

I will be attending: Wednesday Bible Study
 TMOM's Monday Bible Study

Parent/Guardian's Name: _____

Address: _____

City/ZIP: _____ Email: _____

Home phone: _____ Cell phone: _____

Church we attend (if any): _____

CHILD #1:
Child's Name: _____ Date of Birth: _____

My child has the following allergies and/or special needs:

CHILD #2:
Child's Name: _____ Date of Birth: _____

My child has the following allergies and/or special needs:

CHILD #3:
Child's Name: _____ Date of Birth: _____

My child has the following allergies and/or special needs:

Please sign here to indicate you have read the TLC Childcare Policies and Procedures and that you agree to comply with the guidelines they set forth.

Parent/Guardian Signature _____

Date _____