



GOSPEL BAPTIST CHURCH
TeamKID Registration

Child's Information

Name (First & Last) _____

Address: _____

City/State/Zip _____

Date of Birth: _____ Age: _____ Current grade K 1 2 3 4 5 6

Preschool 3 thru Pre-K

**Tiny TeamKID 18 months to 3 must have a parent involved in teaching.

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

Telephone: _____ Cell #: _____

E-mail: _____

Emergency Phone Contacts:

Name-Relationship Telephone

Name-Relationship Telephone

Please note – snacks are served – Are there any medical conditions, allergies, handicaps or special needs we should be aware of to effectively serve your child?

Parental Consent:

I give permission for my child, _____ to participate in TeamKID at Gospel Baptist Church. I understand that transportation to and from meetings is my responsibility.

Parent/Guardian Signature Date