

ncc Kids 2010-2011 REGISTRATION

PRESCHOOL
• OFFICE USE ONLY •

A102 | A103 | A104

A105 | A106 | A107

GUEST (dates below)

1st _____

2nd _____

3rd _____

ELEMENTARY
• OFFICE USE ONLY •

GUEST (dates below)

1st _____

2nd _____

3rd _____

WED. NURSERY
• OFFICE USE ONLY •

GUEST (dates below)

1st _____

2nd _____

3rd _____

IGNITE
• OFFICE USE ONLY •

Paid (enter below)

GUEST (dates below)

1st _____

2nd _____

3rd _____

CHILD INFORMATION

Name: _____ (_____) Gender: M F
Last First Middle Preferred Name

DOB: ____/____/____ Age: _____ Grade: _____ (_____) Home Phone _____
mm dd yy

Address _____ City _____ State _____ Zip _____

Food allergies, medical conditions, or other special needs: _____

ADULT INFORMATION

Parent(s) Other: _____
Relationship to Child

Name Cell Phone Email

Name Cell Phone Email

Address (if different from above) _____ City _____ State _____ Zip _____

(_____) Home Church (if different from NCC): _____
Home Phone (if different from above)

Parent/responsible adult can be located where: Sunday 1st Hour: _____ 2nd Hour: _____
 Wednesday PM: _____

Other than parents, list persons (7th grade & older) who are authorized to pick up your child:

Name Relationship Name Relationship

X _____
Signature (parent or responsible adult) Date