

St. Paul's United Church of Christ

Kingdom Kidz Registration Form

Please complete both sides of this form to register your child(ren) for Sunday morning classes. Please return to the Church Office.

Father/Guardian Information

Name: _____
First Last

Address: _____
Street Apt. #

City State Zip

Primary Phone: _____ *Cell Phone: _____

*Email: _____

*Cell phone information will be used to contact you on Sunday morning in the event of an emergency.
Email will be used for teacher/Children's Ministry contact.

Mother/Guardian Information

Name: _____
First Last

Address: _____
Street Apt. #

City State Zip

Primary Phone: _____ *Cell Phone: _____

*Email: _____

*Cell phone information will be used to contact you on Sunday morning in the event of an emergency.
Email will be used for teacher/Children's Ministry contact.

Child Information

Children live with: ___ Both parents ___ Mother ___ Father ___ Other _____
Name/relationship

Children attend with: ___ Both parents ___ Mother ___ Father ___ Other _____
Name/relationship

Children will usually attend: ___ Both services ___ 1st Service Only ___ 2nd Service Only

****Please complete other side.****

Child Information (continued)

Child's Name: _____ Gender: __male__ female
First Last

Birth date: _____ Grade: _____ School: _____
Mm/dd/yy

Allergies/Special Needs: _____

Child's Name: _____ Gender: __male__ female
First Last

Birth date: _____ Grade: _____ School: _____
Mm/dd/yy

Allergies/Special Needs: _____

Child's Name: _____ Gender: __male__ female
First Last

Birth date: _____ Grade: _____ School: _____
Mm/dd/yy

Allergies/Special Needs: _____

Child's Name: _____ Gender: __male__ female
First Last

Birth date: _____ Grade: _____ School: _____
Mm/dd/yy

Allergies/Special Needs: _____

Photo Release

I grant permission for St. Paul's UCC to take pictures of my child(ren) and use them in Power Point presentations, brochures, and on the church website. I understand that my child's name or age will not be used in any printing of the pictures.

If St. Paul's UCC wishes to use my child's picture with his/her name and/or age, I will then be asked to sign an additional permission form.

 Name of Parent/Guardian

 Signature of Parent/Guardian

***Please return this form to Director of Christian Education, Erica Faust on Sunday morning, or
 mail to the Church Office: St. Paul's UCC, Attn: Erica Faust, 5508 Telegraph Rd., St. Louis, MO 63129**