

KINGDOM KIDS REGISTRATION 2011-2012

North Heights Children's Ministries - Arden Hills Campus



Use this form -OR- You may register online using a credit card at www.NHLC.org/kingdomkids **NEW!**

The nominal yearly fee to partially cover program and material costs is:
\$50 per child --- \$10 discount if register by Sept. 11 (\$40 per child)
Group discount of 10% for families with 3 or more children

Registration Status:
 First-time Registration Returning Registration
 First-time Visitor Returning Visitor

Partial scholarships or payment plans are available. Please contact the Kingdom Kids Staff for a scholarship form or to discuss a payment plan.

Family Information

	Name (first & last)	Main / Home Phone*	Cell Phone*	Email Address
Parent / Guardian 1				
Parent / Guardian 2				

**Phone numbers will be used as family check-in code with automated check-in system.*

Child(ren)'s Home Address: _____ City: _____ St: _____ Zip: _____

Who will be responsible for picking up child(ren) from class? _____
(parent or guardian or other by prior arrangement) Note: Children must be checked in and picked up via the nametag/parent pickup tag system by a designated adult.

EMERGENCY CONTACT DURING WEDNESDAY EVENING Emergency Contact Name: _____ Emergency Contact Phone: _____

Child Information (Must be 4 years old by September 1, 2011)

	Name (first & last)	Grade Entering (as of Sept. 2011)	Age	Date of Birth (mm / dd / yy)	Gender (M or F)	Special Comments (such as allergies, medications, medical alerts, special needs, other requests)
Child 1						
Child 2						
Child 3						
Child 4						

Volunteer Information

We are able to offer programming for your child(ren) because of the work of many volunteers. Please check boxes to identify how you can help.

- | | | | |
|--|---|--|---|
| <p><u>Weekly commitment</u></p> <input type="checkbox"/> TLC (lead an age group)
<input type="checkbox"/> Table Shepherd (assist a leader)
<input type="checkbox"/> Special Needs 1 to 1 Coach
<input type="checkbox"/> Registration
<input type="checkbox"/> Offsite Prayer Intercessor | <p><u>1 time per month</u></p> <input type="checkbox"/> Crafts
<input type="checkbox"/> Life Skills
<input type="checkbox"/> Character Qualities
<input type="checkbox"/> All Castle (assist large group leader) | <p><u>2-3 times per month</u></p> <input type="checkbox"/> Sport Court <p><u>As Needed</u></p> <input type="checkbox"/> Substitute
<input type="checkbox"/> Administrative Assistance | <p><u>Special Events</u>
 (Overnight, Pinewood Derby, Sailboat Regatta, Advent Event)</p> <input type="checkbox"/> Planning <input type="checkbox"/> Take down/Clean up
<input type="checkbox"/> Set up <input type="checkbox"/> Photographer
<input type="checkbox"/> Decorate <input type="checkbox"/> Registration
<input type="checkbox"/> Food <input type="checkbox"/> Prep Work |
|--|---|--|---|

Permission & Signature

By virtue of my child's attendance, permission is given to photograph my child(ren) and use pictures in promotional materials and other church publications.
 I hereby authorize the Kingdom Kids leadership to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be reached.

Parent/Guardian Signature _____ Date _____

Thank you for enrolling your child in our program. If you have questions please contact Anita.Otto@NHLC.org or 651-797-7855.

Please return completed registration forms to the Children's Ministries registration tables or offices at either location, or mail them to:

North Heights Children's Ministries
 Attn: Anita Otto
 1700 West Highway 96
 Arden Hills, MN 55112

For Office Use Only:

Amount Paid: \$ _____

Paid by

Cash or Check # _____