Register me for The Kingdom Chronicles!

Shild's name			
			/ Cuede completed
Jender: Male Female	Birthdate	/	/ Grade completed
Address		City	StateZip
Parents/Guardian			Home phone
Work phone	Cell pł	none	Email
Emergency contact			
			Phone
Please place my child with			
Name of home church			
ood allergies Y N List_			
Medical concerns Y N E	xplain		
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Register me for The Kingdom Chronicles!

Child's name				
Gender: Male Female	Birthdate/_	/	Grade completed	
Address	Cit	ty	State	Zip
Parents/Guardian			Home phone	
Work phone	Cell phone		Email	
Emergency contact				
Relationship to child	Manager de la constant de la constan		Phone	
Please place my child with				
Name of home church				AMAZIA MARANIA
Food allergies Y N List_				
Medical concerns Y N E	xplain			

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