



# Heartland Kids

## Sunday Morning Registration

Date: \_\_\_\_\_

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Primary contact name/ cell phone #: \_\_\_\_\_

Secondary name/ cell phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>Child's Name</b>	<b>Boy/ Girl</b>	<b>Age</b>	<b>Birth Date</b>	<b>Grade</b>	<b>Allergies/ Special Needs</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I give Heartland E-Free permission to use pictures and/or video of my child(ren) on its website, Facebook page, or in any printed material.

Parent's signature \_\_\_\_\_