



Crosswoods Baptist TeamKID Enrollment Form 2018-2019



Child's Name _____

T-Shirt Size _____ Grade _____ Birthday _____

Address _____

City _____, KY Zip _____

Parent/Guardian Name(s) _____

Home Phone (____) _____ Cell Phone (____) _____

E-Mail _____

Allergies or medical conditions we should be aware of: _____

Emergency Contact:

Name _____

Number (____) _____ Secondary Number (____) _____

List of names of people allowed to pick your child up from Crosswoods events

1. _____ 3. _____

2. _____ 4. _____

Releases:

Do we have your permission to post allergy issues in classroom and kitchen? YES ___ NO ___

May we use your child's name and/or image when promoting our ministry? YES ___ NO ___

Do we have permission to transport your child during offsite events? YES ___ NO ___

Parent/Guardian Signature: _____