



2024-2025 Registration Form

Family Information: Parents - please complete all information for each child who is registered.

Parent/Guardian Name(s) _____

Address _____ City _____ ST _____ Zip _____

Home Number _____ Cell Number _____

Email _____ Church affiliation _____

Emergency contact _____ Phone # _____

Preferred method of receiving notifications: Phone call _____ Text _____

or Email _____

Kids Information

Name _____ Date of birth _____ Age _____ Grade _____

Known allergies (including food) _____

Special Needs _____

What else would you like us to know about your child?

I authorize Norwin Alliance Church to use photographs of my child(ren) for local publications, brochures, or web posting.

_____ Yes _____ No

I authorize Norwin Alliance Church to use photographs of my child(ren) for posting throughout the church facility.

_____ Yes _____ No

Parent Signature _____