## **KidLife New Family Registration Form**

If you have any questions, please contact **Bill**, our KidzLife Director, at **wsimpson1983@gmail.com**.

Parent Nam	ne(s):	
Address 1:		
Address 2:		
City:	State:	ZIP Code:
E-mail:	Phone Number:	
(If possible, please put an emergency. Thank y	•	might be reached during the service should there be
Child 1 First Name:	Last Name:	
Gender:	Birthdate (DD/MM/YYYY):	
Circle the Appropriate	Class Below:	
Nursery (0-30/36 Mos)	Preschool (2.5/3 Years	[Potty-Trained]- 5 Years)
Lower Elementary (Kinder	rgarten through 2nd Grade)	Upper Elementary (3rd through 5th Grade)
Child 2		
First Name:	Last Name:	
Gender:	Birthdate (DD/MM/YYYY):	
Circle the Appropriate	Class Below:	
Nursery (0-30/36 Mos)	Preschool (2.5/3 Years	[Potty-Trained]- 5 Years)
Lower Elementary (Kinde	rgarten through 2nd Grade)	Upper Elementary (3rd through 5th Grade)
Child 3		
First Name:	Last Name:	
Gender:	Birthdate (DD/MM/YYYY):	
Circle the Appropriate	Class Below:	
Nursery (0-30/36 Mos)	Preschool (2.5/3 Years	[Potty-Trained]- 5 Years)
Lower Elementary (Kinde	rgarten through 2nd Grade)	Upper Elementary (3rd through 5th Grade)