

Kingdom of the Son Registration

Name _____

Street address _____

City _____ State _____ Zip _____

Home phone (_____) _____

E-Mail _____

Parent(s) name(s) _____

Parent(s) work phone(s) _____

In case of emergency, contact _____

Allergies or other medical conditions _____

School grade just completed _____ Name of home church, if any _____

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