



K-Connection Class

Temple Baptist Church

2019-2020

Child's Full Name _____ **Birthdate** _____ **Gender** _____

Name to be called _____ **Mailing Address** _____

City _____ **Zip** _____ **Phone** _____ **Current Age** _____

Email Address _____

Father's Name _____ **Occupation** _____

Place of Business _____ **Work Phone** _____ **Cell** _____

Mother's Name _____ **Occupation** _____ **Cell** _____

Place of Business _____ **Work Phone** _____

Church Attending:(Father) _____ **(Mother)** _____

Parents Marital Status: **Married** **Separated** **Divorced**

Brothers _____ **Age** _____ **Sisters** _____ **Age** _____

Medical Emergency call Dr. _____ **located at** _____ **Phone** _____

List any ALLERGIES _____

List any behavioral habits we should know about _____

List any physical or emotional handicaps _____

Local person to be contacted in case of emergency when parents cannot be reached

Relationship to child _____ **Phone** _____

***I understand the registration fee of \$75 is NON-REFUNDABLE. Tuition is \$240.00 and is due on the 10th of each month.**

Signature of Parent/Guardian _____

Please return application, registration fee and a copy of your child's updated shot record to Gina Holstead.