

Kid Zone



Family Registration Form



First Baptist Church of Golden

Child's Name _____

Parent's Name _____

Date of Birth _____ Age _____ Grade _____ M/F _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Cell _____

Email address _____

Allergies/Health Concerns: _____

Special Needs (this helps us support your child effectively)

Who is authorized to pick your child up from attending Kid-O-Zone?

Must be 14 or older to pick up (state name and relation)

Do we have your permission to release your 4th or 5th grader without an authorized pick up? Yes No

Would you be willing to serve the children during Kids-O-Zone? Y/N

This would usually consist of 10 to 15 min. time slots during the sermon and all lesson plans would be given to you a week ahead or by email at the beginning of the week.

Area of interest: Music Skits Puppets Games Crafts

Snacks(fruit or healthy snack – water provided)

Other _____