Student's Name:			
Street Address:			
City, Zip			
Phone(s):			
Email:			WHERE KIDS VENTURE INTO SOLID FAITH
Parent/Guardian Name:			WHERE MUST
Emergency Contact Person:			
Emergency Contact Number:	·		
Allergies or Special Needs: _			
Entering Grade:	Age:	Gender:	T-Shirt Size:
Permission to use photographs on church website/Facebook: YesNo			