

2009—2010 K.O.O.L. Kids Registration Form

Name of child: _____ Birth date: ____/____/____ __ male __ female

Address: _____ ZIP Code: _____

Parent(s): _____ Email address: _____

Phone numbers: (h) ____-____-____ mother (work) ____-____-____ mother (cell) ____-____-____
father (work) ____-____-____ father (cell) ____-____-____

Age: _____ Grade in school: _____ School Name: _____
(*Children will be placed in groups with other children in the same school grade.)

Does your child attend Sunday school? ____ yes ____ no Name of Church: _____

Known allergies: _____

Special needs/concerns we should be aware of? (i.e. ADD, family situation, medical needs)

EMERGENCY CONTACT INFORMATION:

If we can not reach you, other emergency contact: _____ Phone: ____-____-____

I understand that my child participating in the K.O.O.L. Kids program at St. Luke will place me in the volunteer rotation to help with meals and helping on Sunday evenings as needed during the quarter. *(All parents take a turn helping as needed and the average cost of the meal is \$20 per family.)*

Parent Signature: _____ Date: _____

We are aware some children behave better when their parents are not in their age group so we will give you the option of being placed in your child's age group or a different age group when assigned a night to volunteer. Please indicate your preference below:

_____ would prefer to help **with** my child's age group (please circle) K 1st 2nd 3rd
_____ would prefer **not** to help with my child's age group but will help with a group ____ younger or ____ older

*We love to have both parents help when possible—it cuts down on frequency of times to volunteer in the rotation since two adults are needed in each age group each week. It is especially nice to have dads helping as a good role model for the boys. Please indicate below which parent(s) you would like us to schedule when it is your family's turn in the volunteer rotation: _____