



# eKidz Registration

Today's Date \_\_\_\_\_

## Welcome to eKidz at Eastgate Church

### Parents' Information

Parent/Guardian Name (Father) \_\_\_\_\_  
Parent/Guardian Name (Mother) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ May we send text alerts? \_\_\_\_\_ *(You will receive an SMS text message to alert you if you are needed in your child's room)*  
Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Permission to take and use photos of your children for promotional purposes for our Children's Ministry YES or NO (Signature) \_\_\_\_\_  
How did you hear about Eastgate Church? \_\_\_\_\_  
Is there anyone else authorized to pick up your children? \_\_\_\_\_

### Child's Information

Child's first name \_\_\_\_\_ Child's last name \_\_\_\_\_  
Child lives with MOTHER or FATHER or BOTH PARENTS or OTHER \_\_\_\_\_  
Grade in school \_\_\_\_\_ Birthday (m/d/yyyy) \_\_\_\_\_ Age \_\_\_\_\_  
Allergies or other medical conditions \_\_\_\_\_  
Special Instructions \_\_\_\_\_ Gender: M F

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