



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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