

# Kidopolis Registration Form 2011 - 2012

Parent' Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Which service will you typically attend? \_\_\_ 5:00(Sat) \_\_\_ 9:30(Sun) \_\_\_ 11:00(Sun)

## **Child #1**

### **Saturdays/Sundays:**

\_\_\_ The Backyard (Preschool)

(ages 3-5+)

\_\_\_ The City (K-5<sup>th</sup>)

### **Wednesdays:**

\_\_\_ Promiseland Preschool

\_\_\_ Promiseland K-5<sup>th</sup>

**Name:** \_\_\_\_\_  
**Age/Birthday:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Allergies or Concerns?**

## **Child #2**

### **Saturdays/Sundays:**

\_\_\_ The Backyard (Preschool)

(ages 3-5+)

\_\_\_ The City (K-5<sup>th</sup>)

### **Wednesdays:**

\_\_\_ Promiseland Preschool

\_\_\_ Promiseland K-5<sup>th</sup>

**Name:** \_\_\_\_\_  
**Age/Birthday:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Allergies or Concerns?**

## **Child #3**

### **Saturdays/Sundays:**

\_\_\_ The Backyard (Preschool)

(ages 3-5+)

\_\_\_ The City (K-5<sup>th</sup>)

### **Wednesdays:**

\_\_\_ Promiseland Preschool

\_\_\_ Promiseland K-5<sup>th</sup>

**Name:** \_\_\_\_\_  
**Age/Birthday:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Allergies or Concerns?**

## **Child #4**

### **Saturdays/Sundays:**

\_\_\_ The Backyard (Preschool)

(ages 3-5+)

\_\_\_ The City (K-5<sup>th</sup>)

### **Wednesdays:**

\_\_\_ Promiseland Preschool

\_\_\_ Promiseland K-5<sup>th</sup>

**Name:** \_\_\_\_\_  
**Age/Birthday:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Allergies or Concerns?**

# Promiseland Additional Information

Cost: \$5.00/child (\$10.00 max. per family)

Make Checks Payable to: Cornerstone Church

Starts Wednesday, September 14<sup>th</sup>, 6:30-8:00pm

Fill out this form and return to church office or mail to:

Cornerstone Church

Attn.: Kidopolis

3420 Nevada Ave No

Crystal, MN 55427

Questions? ContactLoriTemp@763.381.4269 [lori.temp@cornerstonecrystal.org](mailto:lori.temp@cornerstonecrystal.org)

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## Emergency Care Authorization:

I hereby authorize the teachers and leaders of Cornerstone Church to contact the physician listed below, or next available physician in case of injury, sudden illness or other serious injury regarding the above mentioned child. I will not hold Cornerstone Church, or any worker therein liable for any expense incurred if a physician or an ambulance is called.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Promiseland 2011-2012 Permission Form

**We are concerned about your child's safety. They will not be released on their own without your permission. We would prefer for a parent to pick them up at their classroom. We understand this is not always possible as some children walk to Promiseland or have parents working in other parts of the building. Please check the appropriate box below.**

Child's Name: \_\_\_\_\_

\_\_\_\_\_ I will pick my child up in their classroom at 8 p.m.

\_\_\_\_\_ My child has permission to be dismissed to walk home at 8 p.m.

\_\_\_\_\_ I am a volunteer. My child has permission to be dismissed and find me in the building.

Parent Signature: \_\_\_\_\_

