

2023-2024 KidsQuest **REGISTRATION FORM**

Dassel

PARENT/GUARDIAN INFORMATION

Parent/Guardian:		elationship to child:		
Parent/Guardian:	nt/Guardian: Relations			
Mailing Address:				
City:	State:	:	Zip:	
Phone #:	Email Address:			
Do you have a church home? Yes No	lf yes, Name of	church:		
Covenant Church liable for any illness or mish authority in dealing with problems of disciplin	ap that may oc ne. Anyone dis sible and charge	ccur during Kid regarding Kids ed accordingly	cy medical services if necessary and will not hold Dassel sQuest. I/We also give the KidsQuest leaders full Quest rules is subject to being sent home. Those who . I/We agree that Dassel Covenant Church may use nal purposes.	
In case of emergency, please notify:			Phone:	
Children's Family Doctor/Hospital:				
Parent/Guardian signature:	nt/Guardian signature: Date:			
CHILDREN ATTENDING KidsQuest				
Child's Name	Birthdate	2023-2024 School Grade (if applicable	5,	
1				
2				
3				
4				
School Pick Up Authorization	h my child/child	Iren	from	

I will contact my child's school and give permission to Dassel Covenant Church to pick my child up from school. I will contact Dassel Covenant Church if my child will not be attending KidsQuest and in turn, not need a ride.

Parent/Guardian:_____

Signature:_____ Date:_____

RETURN TO DASSEL EVANGELICAL COVENANT CHURCH. THANK YOU!