

### **Kingdom of the Son Registration**

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent(s) name(s) \_\_\_\_\_

Parent(s) work phone(s) \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

School grade just completed \_\_\_\_\_ Name of home church, if any \_\_\_\_\_

To register, you may:

- Print and mail this form to Countryside Christian Church, 16650 West Greenfield Avenue, Brookfield, WI 53005
- Call 262-827-0170 for more information or to register by phone