

KING'S KIDS SIGN UP FORM

PARTICIPANT INFORMATION ONE CHILD PER FORM PLEASE

**If signed, your child will attend King's Kids each month
unless their teacher or Mr. Yurk is notified.**

Student Name :

Teacher Name/Grade Level :

Parent Name :

Parent Phone # :

Email Address :

Emergency Contact :

Emergency Contact Phone # :

Approved Pickup Names :

Allergies/Medical Concerns :

Parent/Guardian Signature : _____

_____ Date

**KING'S KIDS
CALENDAR DATES**



**PARENT VOLUNTEER
SIGN-UP**



**KING'S KIDS
DONATION LINK:**

