



**Kid Konnection
Registration**

Grade _____ Age _____

Child's Name _____

Parents' Name(s) _____

Address _____

Home Number _____

Allergies, Medical Conditions, etc. _____

Adult(s) Responsible for Child on Wednesday Nights (If
Other Than Parents)

Emergency Contact is available on Wednesday Nights:

At GLBC At home Via Cell Phone

Emergency Contact Phone Number (if other than above):



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