



## Kids Rock Sign up Information Sheet

Name of Parent or Guardian attending Celebrate Recovery:

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Name of Leader for Group Normally Attended & Location:

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Name & Phone # of Emergency Contact Person:

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Home Address:

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Telephone Numbers:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_

\* Child's Name:

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Child's Birthday:

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Allergies:

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Special Needs:

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\* Child's Name:

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Child's Birthday:

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Allergies:

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Special Needs:

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\* More children listed on back?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

I have read and agree to the childcare guidelines:

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