

Kids of the Kingdom

O.L.V.

Registration and Emergency Form

Name _____

Address _____

Home Phone# _____

School _____ Grade _____

Do you attend the After School Care Program at OLV? _____yes
_____no

CCD: Tuesday _____ Wednesday _____

Parents' Names _____

Parents' E-mail _____

Parents' Cell Phone# _____

Emergency Contact _____

Emergency Phone # _____