



# KFBC Children's Ministry 2017-2018 Wednesday Night Registration



Name of Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Home #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Church Member? Y or N If Yes, where?

Emergency Contact & Number: \_\_\_\_\_  
 Secondary Emergency Contact: \_\_\_\_\_  
 Allergies or other special needs: \_\_\_\_\_

<u>Epic Choir</u>	<u>Fee:</u>	<u>Awana Club</u>	<u>Fees</u>
T-shirt	5.00	Cubbies (3's-5's)*	0.00
		Sparks: K, 1, 2	10.00
		T&T: 3 <sup>rd</sup> – 5 <sup>th</sup> grade	10.00

My child(ren) will be participate in:

- \_\_\_\_\_ EPIC Choir only 5:45-6:30
- \_\_\_\_\_ Awana only 6:30-8:00
- \_\_\_\_\_ Both EPIC Choir and Awana 5:45-8:00

PLEASE PRINT

PLEASE PRINT					
Child's Name (Last, First)	DOB	Gender	Grade	T-shirt size	Fee

**Total** \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Entered in Approved Workman by \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

**I would like to volunteer to help in the following area:**

Classroom \_\_\_\_ Games \_\_\_\_ Admin \_\_\_\_ Store \_\_\_\_ Listening \_\_\_\_ Outreach \_\_\_\_

# Payment Plan Agreement

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ agree to pay registration fees in the amount of \$ \_\_\_\_\_ by March 31, 2018, for the 2017-2018 year. I understand I can pay any amount at any time towards the balance stated above at the Children's Ministry Desk located on the 2<sup>nd</sup> floor of the Children's building. The balance must be paid in full by March 31, 2018, to receive Awana end of year awards. If these fees are a hardship or concern, you may contact Kristen Mace by phone, 281-358-4266, or by email at [kmace@kingwoodfirst.org](mailto:kmace@kingwoodfirst.org).

\_\_\_\_\_

Printed NameSignatureDate

	Amount	Year
Balance Forward: \$ _____		_____
\$ _____		_____

## Payment Information

Office Use Only:

Date	Amount	Method	Initials	Entered	Balance Due

Entered in Fellowship One: Yes No