



# 2025-2026 Registration Form

Family Information: Parents - please complete all information for each child who is registered.

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_ Church affiliation \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred method of receiving notifications: Phone call \_\_\_\_\_ Text \_\_\_\_\_

or Email \_\_\_\_\_

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## Kids Information

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Known allergies (including food) \_\_\_\_\_

Special Needs \_\_\_\_\_

What else would you like us to know about your child?

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I authorize Norwin Alliance Church to use photographs of my child(ren) for local publications, brochures, or web posting.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I authorize Norwin Alliance Church to use photographs of my child(ren) for posting throughout the church facility.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Parent Signature \_\_\_\_\_