



**April Sound
Church
SUMMER KICK OFF
June 2nd
1:00 PM – 6:00 PM**

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Last Grade Completed: _____

Parent's Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name/Phone Number:

Allergies/Health Concerns: _____

Who else may pick up your child? _____

May we photograph your child? Yes No If yes, may we use photos for promotional
purposes, either on our web site or social media? Yes No

Payment Information:

This event is free, however, donations are greatly appreciated!

For planning purposes, please let us know how many members of your family will be joining us for dinner.

_____ (#) Will Be Joining For Dinner

Return your completed form to the church or scan/email to Aprilsoundkids@gmail.com by Tuesday, May 29th.

We look forward to seeing you at
April Sound Church for Summer Kick Off!
If you have any questions, please call the church office at
936-588-2832.