



OUR LADY OF GRACE
666 ALBIN AVENUE
WEST BABYLON, NY 11704
631-587-5185

KIDS OF THE KINGDOM 2005 REGISTRATION FORM

CHILD'S NAME: _____ GENDER _____

ADDRESS: _____ TOWN: _____ ZIP _____

HOME PHONE _____ DATE OF BIRTH: _____

MOTHER'S NAME: _____

MOTHER'S ADDRESS (if different) _____

MARITAL STATUS* _____

PLACE OF EMPLOYMENT: _____

WORK PHONE # _____

FATHER'S NAME : _____

FATHER'S ADDRESS (if different) _____

MARITAL STATUS* _____

PLACE OF EMPLOYMENT: _____

WORK PHONE # _____

EMERGENCY CONTACT: _____ RELATION _____

ADDRESS: _____ PHONE: _____

*Does the parent not living with the child have legal access to the child? _____

PROOF OF AGE: _____ PHYSICAL REPORT FORM COMPLETE: _____

REGISTRATION FEE PAID _____ METHOD OF PAYMENT _____

REGISTRATION CHECKED BY: _____