



**OUR LADY OF GRACE
KIDS OF THE KINGDOM
666 ALBIN AVENUE
WEST BABYLON, NY 11704
(631) 893-6564**

KIDS OF THE KINGDOM 2008 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? _____

If possible please put in group with _____.

(Other Child's Name and Age)