



## **City Kids 2 Registration Form**

2311 South 13<sup>th</sup> Street • Philadelphia, PA 19148 • 215-334-7440

1) Name of Child/Youth \_\_\_\_\_

2) Name of Child/Youth \_\_\_\_\_

3) Name of Child/Youth \_\_\_\_\_

4) Name of Child/Youth \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Telephone Number \_\_\_\_\_

I give permission for my child(ren) to attend City Kids 2 on Saturdays from 1:00p.m. to 3:00p.m. at City Church of Philadelphia.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return by placing this slip in mail slot of City Church of Philadelphia**