



Small Group Registration

Child's Name: _____

Child's DOB (mm/dd/yyyy): _____

Gender: Male Female

Grade (as of 9/30/18):

Explorers (3 yrs) Pathfinders (4 yrs)

Kindergarten 1st 2nd

3rd 4th 5th

Service(s) You Are Committing To Attend At Least
2x a Month or More:

9:00 am 11:00 am 1:00 pm

Leader Preference (optional): _____

Same-aged friend preference (optional):

Does your child have a keytag/pager number?

Yes No

Parent/Guardian Name(s): _____

Phone: _____

Email: _____

Please note that you will be asked to be an occasional substitute teacher for your child's small group. Thank you for partnering with us for your child's spiritual growth.

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