Registration Form For Meetings at King of Kings Community Herzliya

Date:_____

We give permission to our child/children listed below, to participate in the meetings and gatherings that take place at King of Kings Community Herzliya. We are aware that the meetings are overseen by King of Kings Community Herzliya. We know that the activities and lessons are based on the faith in Yeshua as the Messiah and the Old and New Testament.

Full details of the participant/s:

- Full name of Child: _____ Date of birth:_____

  ID # or Passport #:_____
- Full name of Youth: _____ Date of birth:_____

  ID # or Passport #:_____
- Full name of Youth: _____ Date of birth:_____

  ID # or Passport #:_____ Grade: _____
- Full name of Youth: _____ Date of birth:_____

  ID # or Passport #:_____ Grade: _____

Please sign that you agree with the information written above. If you are from a single parent family, please put an X on the mother or father's name.

Father's full name_____ ID#_____ signature_____

Mother's full name_____ ID# _____signature_____