

**Registration****Child 1****Healing Kids' Hearts Retreat****March 28, 2020**

By completing this form I understand I am simply registering my child for the 2020 retreat. Please see below for additional requirements for your child to participate in the actual retreat day.

\* Child's name \_\_\_\_\_

\* Home address \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

\* Birthdate \_\_\_\_\_

\* Child's Tee Shirt Size: \_\_XS\_\_S\_\_M\_\_L

\* My child needs Adult Size TEE \_\_S\_\_M\_\_L\_\_XL

\* Child's allergies (food & other)

Has required medications: \_\_Y\_\_N

Special Dietary needs: \_\_\_\_\_

Name and relationship of deceased to child?

Deceased Age and Date of Death:

Special interests shared between my child and the deceased: \_\_\_\_\_

Please enroll my child in the HKH Retreat on March 28, 2020 from 10am-4pm. This form **MUST** be returned by **MARCH 6, 2020** to be guaranteed a reserved space. Once we have received this completed form, you will promptly receive an enrollment packet that is **DUE BY MARCH 18, 2020 IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THE RETREAT.** By my signature below I have read and completed all entries above.

Print: Parent/Legal Guardian Name:

Home address: \_\_\_\_\_

email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

\*Same for all children: Yes \_\_\_ No \_\_\_

\* Signature – Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Return by March 6, 2020**

**By mail: Center for Life Experience**

**205 E. 7th St., Suite 251, Hays, KS 67601**

**By e-mail: [cfle1@eaglecom.net](mailto:cfle1@eaglecom.net)**

**Registration****Child 2****Healing Kids' Hearts Retreat****March 28, 2020**

By completing this form I understand I am simply registering my child for the 2020 retreat. Please see below for additional requirements for your child to participate in the actual retreat day.

\* Child's name \_\_\_\_\_

\* Home address \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

\* Birthdate \_\_\_\_\_

\* Child's Tee Shirt Size: \_\_XS\_\_S\_\_M\_\_L

\* My child needs Adult Size TEE \_\_S\_\_M\_\_L\_\_XL

\* Child's allergies (food & other)

Has required medications: \_\_Y\_\_N

Special Dietary needs: \_\_\_\_\_

Name and relationship of deceased to child?

Deceased Age and Date of Death:

Special interests shared between my child and the deceased: \_\_\_\_\_

Please enroll my child in the HKH Retreat on March 28, 2020 from 10am-4pm. This form **MUST** be returned by **MARCH 6, 2020** to be guaranteed a reserved space. Once we have received this completed form, you will promptly receive an enrollment packet that is **DUE BY MARCH 18, 2020 IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THE RETREAT.** By my signature below I have read and completed all entries above.

Print: Parent/Legal Guardian Name:

Home address: \_\_\_\_\_

email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

\*Same for all children: Yes \_\_\_ No \_\_\_

\* Signature – Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Return by March 6, 2020**

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**By e-mail: [cfle1@eaglecom.net](mailto:cfle1@eaglecom.net)**

**Registration**

**Child 3**

**Healing Kids' Hearts Retreat**

**March 28, 2020**

By completing this form I understand I am simply registering my child for the 2020 retreat. Please see below for additional requirements for your child to participate in the actual retreat day.

\* Child's name \_\_\_\_\_

\* Home address \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

\* Birthdate \_\_\_\_\_

\* Child's Tee Shirt Size: \_\_XS\_\_S\_\_M\_\_L

\* My child needs Adult Size TEE \_\_S\_\_M\_\_L\_\_XL

\* Child's allergies (food & other) \_\_\_\_\_

Has required medications: \_\_Y\_\_N

Special Dietary needs: \_\_\_\_\_

Name and relationship of deceased to child? \_\_\_\_\_

Deceased Age and Date of Death: \_\_\_\_\_

Special interests shared between my child and the deceased: \_\_\_\_\_

Please enroll my child in the HKH Retreat on March 28, 2020 from 10am-4pm. This form MUST be returned by MARCH 6, 2020 to be guaranteed a reserved space. Once we have received this completed form, you will promptly receive an enrollment packet that is DUE BY MARCH 18, 2020 IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THE RETREAT. By my signature below I have read and completed all entries above.

Print: Parent/Legal Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

\*Same for all children: Yes \_\_\_ No \_\_\_

\* Signature – Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Return by March 6, 2020**

**By mail: Center for Life Experience  
205 E. 7th St., Suite 251, Hays, KS 67601**

**By e-mail: [cfle1@eaglecom.net](mailto:cfle1@eaglecom.net)**

**Registration**

**Child 4**

**Healing Kids' Hearts Retreat**

**March 28, 2020**

By completing this form I understand I am simply registering my child for the 2020 retreat. Please see below for additional requirements for your child to participate in the actual retreat day.

\* Child's name \_\_\_\_\_

\* Home address \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

\* Birthdate \_\_\_\_\_

\* Child's Tee Shirt Size: \_\_XS\_\_S\_\_M\_\_L

\* My child needs Adult Size TEE \_\_S\_\_M\_\_L\_\_XL

\* Child's allergies (food & other) \_\_\_\_\_

Has required medications: \_\_Y\_\_N

Special Dietary needs: \_\_\_\_\_

Name and relationship of deceased to child? \_\_\_\_\_

Deceased Age and Date of Death: \_\_\_\_\_

Special interests shared between my child and the deceased: \_\_\_\_\_

Please enroll my child in the HKH Retreat on March 28, 2020 from 10am-4pm. This form MUST be returned by MARCH 6, 2020 to be guaranteed a reserved space. Once we have received this completed form, you will promptly receive an enrollment packet that is DUE BY MARCH 18, 2020 IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THE RETREAT. By my signature below I have read and completed all entries above.

Print: Parent/Legal Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

\*Same for all children: Yes \_\_\_ No \_\_\_

\* Signature – Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Return by March 6, 2020**

**By mail: Center for Life Experience  
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**By e-mail: [cfle1@eaglecom.net](mailto:cfle1@eaglecom.net)**