

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 18, 2019

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

By e-mail: 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 18, 2019

**By mail: Center for Life Experience
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By e-mail: cfle1@eaglecom.net

Registration

Child 3

Healing Kids' Hearts Retreat

March 28, 2020

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* 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 18, 2019
By mail: Center for Life Experience |
205 E. 7th St., Suite 251, Hays, KS 67601
By e-mail: 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.

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email: _____

Contact Phone: _____

*Same for all children: Yes ___ No ___

* Signature – Parent or Legal Guardian _____ Date: _____

Return by March 18, 2019
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