



Registration Form

(One per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of Birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: _____

Home email address: _____

Home church: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

