



Registration Form

Child's Name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____

Parent(s) Cell phone: (_____) _____

Home email address: _____

Home church: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____