



# Registration Form

(One per child)

Child's Name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Home Church: \_\_\_\_\_



Allergies or other medical conditions: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_