

River's Edge Student Registration

Student Name:

First: _____
Last: _____
Cell: _____
Email: _____
Birthday: ____/____/____
Grade entering: _____
Allergies: _____
Mailing Address: _____

Parents/Guardian Names:

MOM:

First: _____
Last: _____
Cell: _____
Email: _____
Mailing Address: _____

DAD:

First: _____
Last: _____
Cell: _____
Email: _____
Mailing Address: _____

EMERGENCY CONTACT:

First: _____
Last: _____
Cell: _____
Email: _____
Relationship: _____

Behavior Information:

By initialing this space, I am agreeing to adhere to the behavior policies of River's Edge Church in regards to my child(ren). This includes, but is not limited to that I will be "on-call" to whenever my child(ren) are attending RE activities should their behavior necessitate them needing to be suspended from activities for that day.

I understand and agree: _____

I give permission for pictures taken at River's Edge events to be used on social media platforms for promoting River's Edge Church.



Parent or Guardian must sign

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Allergies: _____

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Email: _____

Birthday: ____/____/____

Grade entering: _____

Allergies: _____

Mailing Address:

_____**Student Name:**

First: _____

Last: _____

Cell: _____

Email: _____

Birthday: ____/____/____

Grade entering: _____

Allergies: _____

Mailing Address:

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Last: _____

Cell: _____

Email: _____

Birthday: ____/____/____

Grade entering: _____

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Mailing Address:

_____**Student Name:**

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Email: _____

Birthday: ____/____/____

Grade entering: _____

Allergies: _____

Mailing Address:

