



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)/Caregiver: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home telephone (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____



Allergies, medical conditions, or special needs: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____