



REGISTRATION FORM (one per child)

Child's name: _____

Child's Age: _____ Date of Birth: _____ Last School Grade Completed: _____

Name of parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

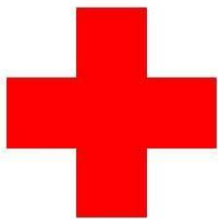
Home Telephone: _____

Parent/Caregiver's Cell Phone: _____

Home Email Address: _____

Home Church: _____

Allergies or Other Medical Conditions: _____



In Case of Emergency, Contact: _____

Phone: _____

Relationship to Child: _____