

Register me for Time Lab!

Child's name _____

Gender: Male ___ Female ___ Birthdate ____/____/____ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Please place my child with _____

Name of home church _____

Food allergies Y ___ N ___ List _____

Medical concerns Y ___ N ___ Explain _____