



## 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: (\_\_\_\_) \_\_\_\_\_ 1<sup>st</sup> Cell Phone: (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

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

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



\_\_\_\_\_

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

Phone: \_\_\_\_\_

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