



Registration Form

(One form per child)

Open to children 4 years old to youth who have completed 5th grade.

Child's name: _____ Age: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: (_____) _____

Parent/Caregiver's cell phone: _____

Home e-mail address: _____

Date of birth: _____

Last school grade completed: _____

In case of emergency, contact: _____

Mother: _____

Father: _____

Other: _____

Allergies or other medical conditions: _____

Home church: _____

For Office Use Only

Date Registration Was Received _____ **by** _____

Fee Paid: _____ **Check#:** _____ **Cash:** _____