

Please complete a 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 phone: (____) _____ Cell: (____) _____

+ In case of emergency; contact: _____

Relationship to child: _____

Phone: _____

Allergies or other medical conditions: _____

Home Church: _____