



# Registration form

Child's name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Last School Grade \_\_\_\_\_



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Name of parent(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

 Name \_\_\_\_\_  **Check if no allergies or medical conditions**

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

**Check if emergency contact information is the same as above & will be available 5pm - 830pm. Otherwise complete this section.**

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

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

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

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

### CHURCH USE ONLY

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Pre-K/K

Pre-K/K

1st / 2nd

3rd / 4th

5th



Name \_\_\_\_\_

Check if no allergies or medical conditions

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

Check if emergency contact information is the same as above & will be available 5pm - 830pm. Otherwise complete this section.

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

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

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



Name \_\_\_\_\_

Check if no allergies or medical conditions

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

Check if emergency contact information is the same as above & will be available 5pm - 830pm. Otherwise complete this section.

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

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