



C.W.E. MORNINGSIDE REGISTRATION FORM

Child's full name _____

Called _____ Sex _____

Home Address _____

City _____, State _____ Zip Code _____

Home Phone _____ Other _____ Date of Birth _____ Age _____

Father's Name _____ Occupation _____

Employer _____ Business Phone _____ Cell Phone _____

Mother's Name _____ Occupation _____

Employer _____ Business Phone _____ Cell Phone _____

Name and phone numbers of persons to call in case of emergency:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Church Currently Attending _____

List brothers or sisters and age

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

Child's Doctor _____ Any special problems _____

Allergies _____

Permission is granted to meet the needs of my child in case of an emergency.

Parent's Signature

I give my permission for _____ to go on any field trip that is taken this year.

Parent's Signature

Please make your checks payable to Morningside C. W. E.

Registration Fee and Activities Fee **\$75.00** . Date Paid _____

