



Registration

(One per child)

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Last grade completed: _____

Name of parent(s)/guardian(s): _____

Address: _____

Home phone: (_____) _____ Cell phone: (_____) _____

Home email address: _____

Name of any siblings also attending: _____

Alternate Persons/Organization allowed to pick up my child and a contact phone number:

Church/Bible Study you actively attend: _____

T-Shirt size (\$5 recommended donation): YXS YS YM YL YXL AXS AS AM AL AXL

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: (_____) _____ Relationship to child: _____

Alternate emergency contact person: _____

Phone: (_____) _____ Relationship to child: _____