



Registration Form 2018-2019

Please use black or blue ink when filling out this form.

STUDENT NAME: _____ AGE: _____

DATE OF BIRTH: ____ / ____ / ____ HEIGHT: _____ WEIGHT: _____ GENDER: _____

PREFERRED PARTICIPATION DAYS (MARK ALL THAT APPLY): MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

FULL NAME(S) OF PARENT(S)/GUARDIAN(S) CHILD LIVES WITH:

PARENT #1 _____

PARENT #2 _____

ADDRESS _____

ADDRESS _____

HOME PHONE # _____

HOME PHONE # _____

CELL # _____

CELL # _____

WORK # _____

WORK # _____

EMPLOYER _____

EMPLOYER _____

WORK ADDRESS: _____

WORK ADDRESS: _____

FAMILY E-MAIL ADDRESS _____

PLEASE LIST THE ADDRESS(ES) AND PHONE #'S OF ANY PARENT(S)/GUARDIAN(S) DIFFERENT FROM ABOVE

NAME _____ RELATIONSHIP _____

ADDRESS _____ HOME# _____

_____ WORK # _____ CELL # _____

AUTHORIZATION TO PICK UP (LIST THREE NAMES OF THOSE APPROVED TO PICK UP YOUR CHILD)

NAME _____ PHONE # _____

ADDRESS _____

NAME _____ PHONE # _____

ADDRESS _____

NAME _____ PHONE # _____

ADDRESS _____

CHURCH ATTENDING (If Any): _____ PHONE # _____

PASTOR'S NAME _____ PHONE # _____

I ATTEST THAT ALL INFORMATION ON THIS FORM IS ACCURATE.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____