



# 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 **\$100.00** . Date Paid \_\_\_\_\_