

REGISTRATION FORM

Child's name:			
Child's age: Date of birth:	Last scho	ol arade completed	1.
		or grade completed	1
Name of parent(s):			
Street address:			
City:	State:	ZIP:	
Home telephone: ()			
Parent/caregiver's cellphone: ()			
Home email address:			-
Home church:			
Crew number or name (for church use only):			
Allergies or other medical conditions:			
			The state of the s
In case of emergency, contact:			
Phone:			
Relationship to child:			