

Registration Form

(One Per Child)

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: () _____

Parent/caregiver's cell phone: () _____

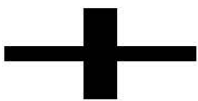
Home email address: _____

Home church: _____

Crew number or name (for church use only):. _____

Allergies or other medical conditions: _____

IN CASE OF EMERGENCY CONTACT: _____



Phone: _____

Relationship to child: _____