



Registration Form

(One Per Child)

Child's n	ame:		_ Child's gender:
Child's a	ge: Date of birth:	_ Last school grad	e completed:
Name of parent(s):			
Street address:			
City:		_ State:	ZIP:
Home telephone: ()			
Parent/caregiver's cellphone: ()			
Home email address:			
Home church:			
Allergies	s, medical conditions, or special needs:		
	In case of emergency, contact:		
	Phone:		
	Relationship to child:		
Crew nui	mber or name (for church use only):		