



Registration Form

Child #1 _____

Age _____ Date of Birth _____ Last Grade Completed _____

Allergies or other medical conditions _____

Child #2 _____

Age _____ Date of Birth _____ Last Grade Completed _____

Allergies or other medical conditions _____

Child #3 _____

Age _____ Date of Birth _____ Last Grade Completed _____

Allergies or other medical conditions _____

Primary Contact Information

Family Name _____

Street Address _____ City _____ State _____ Postal code _____

Home telephone _____ Home email _____

Mother's Name _____ Daytime telephone _____

Father's Name _____ Daytime telephone _____

Home Church _____

In case of emergency, contact _____

Name of accompanying adult _____ Cell phone _____

Person authorized to pick up child _____

If different from person registering child (must show photo ID).

Parent/Guardian Signature _____

Model release: your registration constitutes permission for the church to use your child's picture in promotional material.