



# REGISTRATION FORM

Child's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Home Church: \_\_\_\_\_

## In case of Emergency

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Allergies or Other Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications (such as an Epipen or inhaler) that will accompany child (all medications must be clearly marked with the child's name and dosage): \_\_\_\_\_

Other helpful notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission for my child's photo to be taken for publicity use for the church's social media. \_\_\_Yes \_\_\_No