



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 e-mail address: _____

 In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

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