



REGISTRATION FORM



NAME:

ADDRESS:

PARENT'S NAMES:

PHONE: (home)

(mom's cell)

(dad's cell)

(Emergency)

BIRTHDAY:

SCHOOL GRADE:

SCHOOL:

SIBLINGS:

DO THEY NEED TO RIDE THE CHURCH BUS?

(If yes, we will contact you closer to the starting date with a pick up time)

ANY ALLERGIES, ESPECIALLY FOODS, THAT WE NEED TO BE AWARE OF:

ANYTHING ELSE WE NEED TO KNOW?