



Registration Form

#1 Child's Name _____ Age _____ Birthdate _____

Allergies or other medical conditions _____

#2 Child's Name _____ Age _____ Birthdate _____

Allergies or other medical conditions _____

#3 Child's Name _____ Age _____ Birthdate _____

Allergies or other medical conditions _____

Primary Contact Information

Email _____

Mother's Name _____ Phone number _____

Father's Name _____ Phone number _____

Address _____ City _____ State _____ Zip _____

In case of Emergency, contact _____

Person other than parent authorized to pick up child _____

Parent/Guardian Signature _____

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



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Father's Name _____ Phone number _____

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