



Registration Form (One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Allergies or other medical conditions: _____



IN CASE OF EMERGENCY

Contact: _____

Phone: (_____) _____

Relationship to child: _____

CREW NUMBER OR NAME (FOR CHURCH USE ONLY): _____