



Registration Form

(One Per Child)

Child's Name _____ Gender _____

Age ____ Date of Birth _____ Last School Grade Completed _____

Name of Parent(s) _____

Street Address _____

City _____ State _____ Zip _____

Phone Where Parent/Caregiver Can Be Reached _____

Additional Emergency Contact—Name & Number

Home Email Address _____

Home Church _____

Additional Information—Please check any that apply and we will contact you about specific needs. Thank you!

_____ Allergies

_____ Medications

_____ Dietary Restrictions

_____ One-on-One Helper Needed