



Registration Form

(one per child)

Crew Name: _____
(church use only)

Child's Name: _____ Gender: Male / Female

Child's Age: _____ Date of Birth: ___/___/___

School Grade Entering: K / 1 / 2 / 3 / 4 / 5 / 6

Name of Parents _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Contact Telephone Number and Person: (____) ____-____, _____

Home Email address: _____

Allergies, medical conditions, or special needs: _____

In case of an emergency:

Contact: _____

Phone: _____

Relationship to the child: _____