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: _____

Person(s) who will pick your child up after noon each day.

_____, _____