

REGISTRATION FORM

Name _____

Date of birth _____ Grade Completed _____ Age _____

Siblings attending? Please list names and ages below:

Parent / Guardian

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Do you accept text messages? ___ Yes ___ No

Email _____

Emergency contact name and number _____

Special Needs/Allergies/Other concerns

Is there a friend your child would like to be placed with?

PHOTO RELEASE: By filling out this form, I also agree to the following release of information regarding my child: The Church may feature my child in the broadcast and media print, on the Church website and in publications and programs.

Parent signature

Date