



Registration Form 2015-2016

Child's Name: _____

Age: _____ Birthday: _____ Grade: _____

Parent/Guardians: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Cell Phone:(____) _____

Home E-mail Address: _____

In case of emergency, contact:

Name: _____

Phone Number: _____

Allergies or other medical conditions: _____

Home Church: _____