



# Registration Form

Child's Name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent's phone number(s) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_

Return to the church office or email to : [suepirone@hotmail.com](mailto:suepirone@hotmail.com)