

REGISTRATION FORM (ONE PER CHILD)

| Child's name: | | | |
|--|--------------------|------------------------------|------|
| Child's age: | Date of birth: | Last school grade completed: | |
| Name of parent(s): | | | |
| Street address: | | | |
| City: | | State: | ZIP: |
| Home telephone: | • . | | |
| Parent/caregiver's | cell phone: | | |
| Home email address | s: | | |
| Home church: | | · | |
| Crew number or name (for church use only): | | | |
| Allergies or other m | edical conditions: | | |

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In case of emergency, contact:

Relationship to child.

Phone: