

Registration Form

(One Per Child)

Child's name:			
Child's ag	ge: Date of birth:	_ Last school gr	rade completed:
Name of	parent(s):		
Street ad	ddress:		
City:		State:	ZIP:
Home tel	lephone: ()		
Parent/caregiver's cellphone: ()			
Home email address:			
Home church:			
Crew number or name (for church use only):			
Allergies or other medical conditions:			
٠	In case of emergency, contact:		
F	Phone:		
F	Relationship to child:		