

Registration Form

(One Per Child)

Child's name:		_ Child's gender:
Child's age: Date of birth:	_ Last school grac	le completed:
Name of parent(s):		
Street address:		
City:	_ State:	_ ZIP:
Home telephone: ()		
Parent/caregiver's cellphone: ()		
Home email address:		
Home church:		
Allergies, medical conditions, or special needs:		
In case of emergency, contact:		
Phone:		
Relationship to child:		
Crew number or name (for church use only):		