



REGISTRATION FORM (ONE PER CHILD)

Child's name:					
Child's age:	Date of birth:	Last school	Last school grade completed:		
Name of parent(s):	:				
Street address:					
City:		State:	ZIP:		
Home telephone: (()				
Parent/caregiver's	cellphone: ()				
Home email addre	ess:				
Home church:					
Crew number or no	ame (for church use only):				
Allergies or other m	nedical conditions:				
In case o	f emergency, contact:				
Phone:					
Relationsh	hip to child:				