

REGISTRATION FORM (ONE PER CHILD)

Child's name:			
Child's age: Date of birth:	Last sch	ool grade completed:	
Name of parent(s):	·		
Street address:			
City:	_ State:	ZIP:	
Home telephone: ()			
Parent/caregiver's cellphone: ()			
Home email address:			
Home church:			
Crew number or name (for church use only):			
Allergies or other medical conditions:	*		
In case of emergency, contact:			
Phone:			
Relationship to child:			