



Registration Form

(One per child)

Child's Name: _____ Gender: _____

Child's Age: _____ Date of Birth: _____ Grade going into: _____

Name(s) of parents: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Caregiver cell phone: _____

Home email address: _____

Home Church: _____

Are you able to help? _____

Allergies or other medical concerns: _____

In case of emergency, contact: _____

Relationship to child: _____ Phone: _____

Does your child NEED to be in a group with a certain friend?(Name) _____

Will dinner be needed any and/or all evenings? _____