



# Registration Form

(One Per Child)

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/caregiver's cellphone: ( \_\_\_\_\_ ) \_\_\_\_\_

Home email address: \_\_\_\_\_

Registration fees: \$25.00 for the first child from a family, an additional \$15.00 for a second child or a fee of \$50.00 for three or more children from a family. Payment by check or credit card (click [here](#) or stop by the church office between 9:30am and 1pm).

Allergies, medical conditions, or special needs:

\_\_\_\_\_



In case of emergency, contact:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Relationship to child:

\_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_