REGISTRATION FORM

(One per child)

Child's name: _____ Child's gender: _____

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: _____

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): _____

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