

## 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:		
Crew number or name (for church use only):		
Allergies or other medical conditions:		· · · · · · · · · · · · · · · · · · ·
In case of emergency, contact:		
Phone:		
Relationship to child:		