



June 4-7, 2018

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: _____

Who is authorized to pick up child _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Number of persons attending closing program & lunch on June 7, 11:05am _____