

## Registration Form

(One Per Child)

Child's name:			
Child's a	age: Date of birth:	Last schoo	ol grade completed:
Name of parent(s):			
Street address:			
City:		State:	ZIP:
Home to	elephone: ()		
Parent/caregiver's cell phone: ()			
Home email address:			
Home church:			
Crew number or name (for church use only):			
Allergies or other medical conditions:			
۰	In case of emergency, contact	:	
	Phone:		
	Relationship to child:		