

Registration Form

Name _____

Birthdate _____

Address _____

Home phone _____

Cell phone _____

E-mail _____

Parent(s) name(s) _____

Parent(s) work phone(s) _____

In case of emergency, contact _____

Allergies or other medical conditions _____

School grade just completed _____

Name of home church, if any _____

I hereby GRANT DO NOT GRANT (please choose one)

permission for _____ (name of church)

to use pictures of my child _____ (name of child)

on their website for informational or promotional purposes.

Parent/Legal Guardian _____ (print name)

Parent/Legal Guardian _____ (signature)