

Registration Form

(One Per Child)

| Child's name: | | Child's gender: |
|--|--------------------|-----------------|
| Child's age: Date of birth: | _ Last school grad | e 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): | | |