A food truck party logo

Description automatically generated with low confidence

REGISTRATION FORM

**CHILDS NAME** **AGE**  **D.O.B. LAST SCHOOL GRADE COMPLETED**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Name of parent(s):

Street Address:

City State: Zip:

Home Telephone: ( )

Parent/Caregiver’s Cellphone: ( )

Home email Address:

Home Church:

Allergies or other medical conditions:

In case of emergency, contact:

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: