

REGISTRATION FORM

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

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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: