



REGISTRATION FORM

(One per child)

June 3rd - June 7th

9:00am - 11:30am

PreK 4 - 5th Grade

Child's Name: _____ Gender: _____

Child's Age: _____ Date of Birth: _____ Last School Grade Completed: _____

Name of Parent(s): _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Parent/Care Giver's cell phone: _____

Home Email address: _____

Home Church: _____



Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to Child: _____

Crew number or name (for Church use only): _____