



Registration Form

1st Visit -Date _____

2nd Visit- Date _____

Father/Guardian Information

Name: _____
First Last

Address: _____
Street Apt #

_____ City State Zip

Primary Phone _____ *Cell Phone: _____

*Email: _____

**Cell phone information will be used to contact you on Sunday morning in the event of an emergency. Email will be used for teacher/department contact.*

Mother/Guardian Information

Name: _____
First Last

Address: _____
Street Apt #

_____ City State Zip

Primary Phone _____ * Cell Phone _____

Email: _____

**Cell phone information will be used to contact you on Sunday morning in the event of an emergency. Email will be used for teacher/department contact.*

Child Information

Children **live** with: ___ Both Parents ___ Mother ___ Father ___ Other _____
name/relationship

Children **attend** with: ___ Both Parents ___ Mother ___ Father ___ Other _____
name/relationshi

Please complete the other side.

Child's Name: _____ First _____ Last _____ M _____ F

My child's nametag should read: _____

Birth Date: _____ Mo / Day / Yr Grade: _____ School: _____

Allergies/Special Needs/Other Important information that we should know:

Child's Name: _____ First _____ Last _____ M _____ F

My child's nametag should read: _____

Birth Date: _____ Mo / Day / Yr Grade: _____ School: _____

Allergies/Special Needs/Other Important information that we should know:

Child's Name: _____ First _____ Last _____ M _____ F

My child's nametag should read: _____

Birth Date: _____ Mo / Day / Yr Grade: _____ School: _____

Allergies/Special Needs/Other Important information that we should know:

Child's Name: _____ First _____ Last _____ M _____ F

My child's nametag should read: _____

Birth Date: _____ Mo / Day / Yr Grade: _____ School: _____

Allergies/Special Needs/Other Important information that we should know:

