

Registration Form (One Per Child)

Child's name:		Child's gender:
Child's age: Date of birth:	Last school	grade completed:
Name of parent(s):		
Street address:		
City:	State:	_ ZIP:
Home telephone: ()		
Parent/caregiver's cellphone: ()		all the
Home email address:		
Home church:		
Crew number or name (for church use only):		1
Allergies or other medical conditions:		
In case of emergency, contact:	VH	
Phone:	KAX	
Relationship to child:	MAL	