



Registration Form

(One Per Child)

Child's name: _____

Date of Birth: _____ Child's age: ____ Grade ____

Name of parent(s): _____

Street address: _____

City: _____ Postal code: _____

Home telephone: _____ cell phone: _____

Home e-mail address: _____

Home Church: _____

Medical info:

Allergies or medical conditions: _____

Emergency, contact: _____

Phone: _____

Relationship to child: _____

Health Card #: _____

Return to Church office by September 1