

# Registration Form

Child's name \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone Numbers – home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

## Age Information

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Entering grade \_\_\_\_\_ pre-K-program \_\_\_\_\_

Home Church \_\_\_\_\_

Allergies/Medical Information/Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_