



# Registration Form

(One Per Child)

*\* Register by May 22nd to get your iron-on transfer for Mom or Dad to do at home!*

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last School Grade Completed: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

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

Allergies or other medical conditions: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Dismissal directions: \_\_\_\_\_