

"From Vision to Reality"

Registration Form

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL _____

PARENT(S) NAME(S) _____

PARENT(S) WORK NUMBER _____

IN CASE OF EMERGENCY CONTACT _____

ALLERGIES OR OTHER MEDICAL CONDITIONS _____

FAMILY DOCTOR _____

AGE _____ GRADE LAST COMPLETED _____

HOME CHURCH _____

SIBLINGS ATTENDING _____

PERSON WHO WILL DROP OFF _____

PERSON WHO WILL PICK UP _____

CIRCLE THE DAYS CHILD WILL ATTEND: 1 2 3 4 5 6 7 8 9 10