



Registration Form

(One Per Child)

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Grade entering in the fall: _____

Name of parent(s)/caregiver(s): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Home email: _____

Parent/caregiver's cell phone: _____

Emergency Contact: _____ Relationship to Child: _____

Allergies or other Medical Conditions: _____

Home Church: _____

Crew Number: (church use only): _____