

**Register  
your child  
now for**



**Place completed form in offering plate**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Age \_\_\_\_\_ (as of 1/1/10)

School Grade \_\_\_\_\_ (as of 1/1/10)

Parent/Legal Guardian Names:

\_\_\_\_\_

Address (if different than above)

\_\_\_\_\_

Day phone \_\_\_\_\_

Evening phone \_\_\_\_\_

Cell \_\_\_\_\_

Alternate contacts in case of emergency:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Allergies? Food or environmental (please list)

\_\_\_\_\_

In cases of custody rights, list anyone who is **legally prohibited** to have contact with this child:

\_\_\_\_\_

