



Registration Form

(one per child)

Child's name: _____ Age: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/Caregiver's cell phone: _____

Home e-mail address: _____

Date of birth: _____

Last school grade completed: _____

In case of emergency, contact: _____

Mother: _____

Father: _____

Other: _____

Allergies or other medical conditions: _____

Home church: _____

Lab Crew number (for church use only): _____