

Tuesday/Thursday \_\_\_\_\_  
Wednesday/Friday \_\_\_\_\_

Date of Application \_\_\_\_\_  
Date Received \_\_\_\_\_

**First Things First**

Registration Form

Name of Child \_\_\_\_\_

Name called \_\_\_\_\_

Gender \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Name and phone numbers of persons to call in case of emergency:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_

Does your child have any diseases, fear, phobias, or allergies? Please list here

\_\_\_\_\_  
\_\_\_\_\_

Brothers' names and ages \_\_\_\_\_

Sisters' names and ages \_\_\_\_\_

Pets \_\_\_\_\_

Amount paid with Registration \_\_\_\_\_

Confirmed \_\_\_\_\_