

# Registration Form



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_ Age \_\_\_\_\_

**Siblings Attending?** Please include their names and ages on the line below:

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Special Needs/Allergies/Other Concerns \_\_\_\_\_

\_\_\_\_\_

