



# REGISTRATION FORM

2016/2017 Wednesday Classes for 5 & 6 grade  
**REGISTRATION FEE: \$15/Student**

**First Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent/caregiver's cell phone: \_\_\_\_\_

Home email address: \_\_\_\_\_ Home church: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Emergency Contact person (other than parent): \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

(Office use) Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_