



# STUDENT REGISTRATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME CHURCH \_\_\_\_\_  
(For parents of children)

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT'S WORK NUMBER \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_

ALLERGIES OR OTHER MEDICAL CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_

AGE \_\_\_\_\_ GRADE LAST COMPLETED \_\_\_\_\_

SIBLINGS ATTENDING \_\_\_\_\_  
\_\_\_\_\_

PERSON WHO WILL DROP OFF \_\_\_\_\_

PERSON WHO WILL PICK UP \_\_\_\_\_

CIRCLE THE DAYS CHILD ATTENDED:

1    2    3    4    5    6    7    8    9    10