



REGISTRATION FORM
2018/2019 Confirmation for 7-9 grade
REGISTRATION FEE: \$40/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 _____



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