



Registration Form

(One Per Child)

JULY 24—28, 2017 5:45—8:00 PM

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Please let us know about future specials sponsored by New Beginnings Church: Yes / No

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Crew number or name (for church use only): _____