

# Registration 2014-2015

## Sunday School, Boys' Club, Pioneer Girls

Check programs

*Child's name: (last, first)	Birthday	Age	Grade	Sunday School	Boys Club	Pioneer Girls

\*List child name and any special needs: learning disabilities, physical limitations, or medications we should know about \_\_\_\_\_

Allergies (food, environmental, meds): name & \_\_\_\_\_

### Parent Info:

Parent/Guardian names: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell phones: \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contacts:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_