



# Registration Form

(one per child)

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Caregiver's cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Last school grade completed: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Other: \_\_\_\_\_

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

Home church: \_\_\_\_\_

Lab Crew number (for church use only): \_\_\_\_\_

*\*I /We permit Shepherd of the Valley to use my child/children(s) photo(s) for promotional materials (ex. website, brochures, etc.)*

Yes \_\_\_\_\_ No \_\_\_\_\_