

REGISTRATION FORM

DEADLINE: JUNE 6th!

Child's Name: _____

Child's Age: _____ Date of Birth _____

Incoming Grade for the school year of 2017/2018 _____

Name of Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Parent's email address: _____

Child's T-Shirt Size: _____ Home Parish: _____

In case of an emergency I can be reached at: _____

Alternate person to contact in case of emergency: _____

Phone: _____ Relationship to child: _____

Allergies to other medical conditions: _____

Any special diet: _____