



# REGISTRATION FORM

(one per child)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

Cell telephone: \_\_\_\_\_

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: \_\_\_\_\_

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

Name of a special friend your child might like to be with: \_\_\_\_\_