



**5 DAY CLUB REGISTRATION FORM**

DATE: \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Grade Going into \_\_\_\_\_

School Attending \_\_\_\_\_

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Cell \_\_\_\_\_

I will be: Home \_\_\_\_\_ Other: \_\_\_\_\_

Where can you be reached in an emergency? \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

Is there anything we should know about your child? \_\_\_\_\_

Is there anyone else who will bring or pick up your child? \_\_\_\_\_

PHOTO USE: May we use a photo of your child? YES \_\_\_\_\_ NO \_\_\_\_\_

I ATTEND CHURCH? YES \_\_\_\_\_ NO \_\_\_\_\_ I am New: \_\_\_\_\_

I am Returning \_\_\_\_\_ I am Just a Visitor: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature