



Child's Name \_\_\_\_\_ M or F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Last grade completed \_\_\_\_\_

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

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Allergies/Medical Information \_\_\_\_\_

Emergency Contacts Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of person(s) picking up this child if not the parent

\_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

(For church us only)

Navigator Group \_\_\_\_\_

Is parent a volunteer Y N If yes, where \_\_\_\_\_

Amount: \_\_\_\_\_ Check # \_\_\_\_\_