



# REGISTRATION FORM

(One per child) \$35

I am able to volunteer for the week

Child's name: \_\_\_\_\_ Gender: M F

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_

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

Primary email address: \_\_\_\_\_

Home parish: \_\_\_\_\_

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



Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Crew number of name (for parish use only): \_\_\_\_\_