



# Child Registration Form

Aug. 4th– 8th, 2008

(One form per child)

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Today's Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's grade (as of 9/08): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

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

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

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

Emergency Contact: \_\_\_\_\_

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

Emergency Contact Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_  
\_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Member of MUMC?:

Yes

No

Where?: \_\_\_\_\_

Would you like more info on our church?:

Yes

No

Parent/Guardian Signature: \_\_\_\_\_