

STUDENT 1: Time Lab Registration Form

Students Name _____

Gender: Boy ___ Girl ___ Birthdate ___ / ___ / ___ Grade Completed _____

Address _____ City _____ State _____

Parent(s)/Guardian _____ Email _____

Home Phone# _____ Work Phone# _____ Cell Phone # _____

Emergency Contact _____ Relationship to Student _____

Emergency Contact Phone Number _____ Home Church _____

Food Allergies Y ___ N ___ Explain _____

Medical Concerns Y ___ N ___ Explain _____

For Staff Use Only

5 points each Day possible	Monday	Tuesday	Wednesday	Thursday	Friday
Attendance					
Theme					
Bring a Friend					

STUDENT 2: Time Lab Registration Form

Students Name _____

Gender: Boy ___ Girl ___ Birthdate ___ / ___ / ___ Grade Completed _____

Address _____ City _____ State _____

Parent(s)/Guardian _____ Email _____

Home Phone# _____ Work Phone# _____ Cell Phone # _____

Emergency Contact _____ Relationship to Student _____

Emergency Contact Phone Number _____ Home Church _____

Food Allergies Y ___ N ___ Explain _____

Medical Concerns Y ___ N ___ Explain _____

For Staff Use Only

5 points each Day possible	Monday	Tuesday	Wednesday	Thursday	Friday
Attendance					
Theme					
Bring a Friend					