

## Zoomerang Registration Form

Student's Name: First; \_\_\_\_\_ Last; \_\_\_\_\_

Boy \_\_\_ Girl \_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_ Preschool Age \_\_\_ (or) Grade Completed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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
<b>Attendance</b>					
<b>Theme</b>					
<b>Bring a Friend</b>					

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