

Last: _____ First _____

Address: _____

City: _____ State: _____ Zip code: _____

Grade: _____ Age: _____ Birthdate: _____

Parent or Guardian: _____

Phone: _____ Phone: _____

Email Address: _____

Home Church: _____

Emergency Contact: _____

Cubbie: *3yrs - 4yrs*

Sparks: *K - 2nd grade*

T & T: *3rd - 6th grade*

Comments From Parents: It helps us to know your child better

Allergies: _____