

Registration Form

Name: _____

Birthdate: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Parent(s) name(s): _____

Parent(s) work phone(s): _____

In case of emergency, contact: _____

Allergies and/or other
medical conditions: _____

School grade just completed: _____

Name of Home church, if any: _____

I hereby Grant Do Not Grant

permission for Westminster Presbyterian Church

to use pictures of my child _____

(name of child)

