



Registration Form

Child's Name: _____

Child's Age: _____ Date of birth: _____ :: _____ Last Grade Completed: _____

Name of parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent's Best contact phone number: _____

Secondary contact name: _____

Secondary contact phone number: _____

Secondary contact relationship to child: _____

Please list any allergies, relevant medical information or special needs: _____

Permission is granted for the use of the child's pictures in SSM publications and postings unless otherwise stated or limited here: _____
_____.

Parent (guardian) signature: _____

Date: _____