



“LOVE ONE ANOTHER”

## Registration Form

### Child Information:

Name: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

Grade (if applicable) 2024-2025 School Year: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_ Epi-Pen? (circle) Yes No

### Contact Information:

Parent/Guardian Name: \_\_\_\_\_

- Phone Number: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

*\*\*Please indicate emergency number by checking circle next to the number.*

E-mail address: \_\_\_\_\_@\_\_\_\_\_

*Every week, you will receive a newsletter outlining our plan for the week.*

**Emergency Contact** during Club Friendship hours (if different from above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please circle the dates that your child will be in attendance:

Week 1: July 1 2 3 5

Week 2: July 8 9 10 11 12

Week 3: July 15 16 17 18 19

Week 4: July 22 23 24 25 26