

Shine Brightly with Jesus!

Student Registration Form

NAME _____

ADDRESS _____

CITY _____ **ZIP CODE** _____

HOME PHONE _____ **CELL PHONE** _____

WORK PHONE _____ **EMAIL** _____

PARENT(S) NAMES _____

PARENT(S) WORK NUMBER _____

IN CASE OF EMERGENCY CONTACT _____

ALLERGIES OR OTHER MEDICAL CONDITIONS _____

FAMILY DOCTOR _____

AGE _____ **GRADE LAST COMPLETED** _____

HOME CHURCH _____

SIBLINGS ATTENDING _____

PERSON WHO WILL DROP OFF _____

PERSON WHO WILL PICK UP _____

CIRCLE THE DAYS CHILD ATTENDED: 1 2 3 4 5 6 7 8 9 10