



REGISTRATION FORM

(One Per Child)

Pre-Register by **6/10**

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____
by June 27, 2010

Name of parent(s): _____

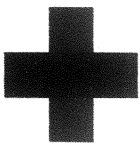
Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: _____

Home e-mail address: _____



In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

Crew number or name (for church use only): _____

RETURN TO THE CHURCH OFFICE by 6/10

Chapel Hill United Methodist Church
4071 Naomi Road
Sodus MI 49126
927-3454