



Child's Name: _____ Date of Birth: ____/____/____

Preferred Name of Child, if any: _____ Male _____ Female _____

Child's Address: _____
Street Apt. #

City State Zip

Current Age: _____ Grade (for 2025-2026): _____

Name of Registering Adult: _____

Your Relationship to Child: _____

Address (if different): _____
Street Apt. #

City State Zip

Adult Cell Number: _____ E-Mail _____

Mobile Carrier: _____

Allergies or Special Needs? If yes, please name and describe: _____

Parent/Guardian Adult Signature: _____

Today's Date: _____



Office Only: Class Assigned: Sparks _____ T & T _____ CCB Updated _____ Med/Photo release _____