



## Registration Form 2025-2026

Because kids  
matter to God

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 \_\_\_\_\_