

# Main Street Registration Form

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade Completed \_\_\_\_\_

Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

Is there a special friend your child would like to be with?

\_\_\_\_\_

Transportation needed:

yes  no

Class/Crew Assignment

(completed by church)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

