



Registration Form (one per child)

Child's Name: _____

Child's Age: _____ Date of Birth: _____

Last school grade completed: _____

Name of parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____

Parent/Caregiver's Cell Phone: _____

Home email address: _____

In Case of Emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home Church: _____

Bayou Crew number (for church use only) _____

