

Today's Date: _____

**CHPC Children/Youth
Registration Form**

CHILD/YOUTH NAME: _____

BIRTH DATE: _____ GRADE IN FALL OF _____

SCHOOL: _____ ESTIMATED YEAR OF H.S. GRADUATION: _____

PARENT(S)/GAURDIAN(S): _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE(S): _____

E-MAIL ADDRESS(ES): _____

Please check any and all that may apply to your child/youth's participation:

_____ Church School

_____ Children's Events

_____ Confirmation

_____ Church Musical

_____ RAP Middle School Youth

_____ PYC High School Youth

Please list an emergency contact:

NAME: _____

RELATIONSHIP TO CHILD/YOUTH: _____

HOME PHONE: _____

CELL PHONE(S): _____

~ OVER ~

Has your child been baptized? _____

Has your child received a Bible? _____

Does your child have any allergies? _____

Is your child on any medications? _____

Please use the space below to include any other information about your child that would be helpful to our volunteer staff (i.e. unique habits, physical limitations, learning disabilities, favorite learning styles, special needs, etc.)