

# Register me for Emerald Crossing!

Child's name \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed \_\_\_\_\_ **Age** \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Who can pick up your child? \_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies Y\_\_\_ N\_\_\_ List \_\_\_\_\_

Medical concerns Y\_\_\_ N\_\_\_ Explain \_\_\_\_\_