



TIME LAB Registration Form

(one child per form)

Child's Name: _____ M or F (circle one)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ E-Mail Address: _____

Age: _____ Date of Birth: ___/___/___ Last school grade completed: _____

Will your child attend all 5 evenings? _____

If not, mark the dates he/she **WILL** attend:

Mon, July 16th: ___ Tues, July 17th: ___ Wed, July 18th: ___ Thurs, July 19th: ___ Fri, July 20th: ___

Name one "time travel buddy" (friend) that your child would like to be with:

Mother's Name: _____

Father's Name: _____

In Case of Emergency, Contact: _____

Who will be picking up your child?: _____

Home Church: _____

Allergies or other medical conditions:

Please provide an alternate snack if your child cannot eat the provided snack.

Do we have your permission for your child to be included in photos taken to use on our website, Facebook page, and program video? Yes _____ No _____