



# Registration Form

Student's Name: \_\_\_\_\_ M or F (circle one)

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary email: \_\_\_\_\_

Secondary email (optional): \_\_\_\_\_

Number where parent can be reached during class: \_\_\_\_\_

Secondary number (optional): \_\_\_\_\_

Any food allergies: \_\_\_\_\_

I give my child permission to attend BreakOut at Sierra Community Church on Wednesdays from 4:30pm to 6:00pm. In case of emergency, I give the adult leaders of this class permission to seek medical treatment for my child.

Parent's signature: \_\_\_\_\_

Office Use: Paid Amount: _____	Cash _____	Check Number: _____
Date: _____	Credit Card using Square: _____	