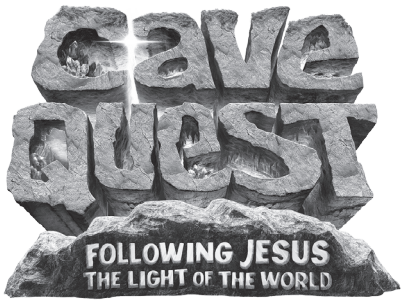


Registration Form

(One Per Child)

Family Fee: $60

Payment may be made online at
https://membership.faithdirect.net/enroll/AL611/9
or by check made payable to Prince of Peace

Child's name: _____ Child's gender: _____

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: _____

Home church: _____

By submitting this form, I agree that photographs taken may be used by POP in various communications media. No names will be used to identify your child.

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

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