

Sunday's Cool Registration Form

2016-2017

4 years old through 5th Grade

Child's Name: _____

Birthdate: ____ / ____ / ____ Male Female

Grade: _____

Allergies, special needs, additional information

Child's Name: _____

Birthdate: ____ / ____ / ____ Male Female

Grade: _____

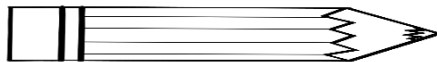
Allergies, special needs, additional information

Child's Name: _____

Birthdate: ____ / ____ / ____ Male Female

Grade: _____

Allergies, special needs, additional information



Parent's Name: _____

Home phone: _____ Cell phone: _____

Email address: _____

Parent's Name: _____

Home phone: _____ Cell phone: _____

Email address: _____

Additional Parent/Guardian Contact Information:

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Email address: _____