



Club Night

Royal Rangers/Missionettes

Registration Form

Registration Fee \$25.00
2010-2011



Please check which program you are enrolling in?

Child's Name: _____ Nickname: _____

Address: _____

City

State

Zip Code

Home Phone: _____ Birthday: ___/___/___ T-Shirt Size: _____

School: _____ Grade: _____

Returning _____ New Enrollee _____

Allergies/Medical Considerations: _____

Parents must remain on site at Christ Church at all times. Should an emergency arise, we need to be able to contact you. This is for the protection of your child.

Father's Name: _____

Address (if different) _____

City

State

Zip Code

Cell Phone: _____

Mother's Name: _____

Address (if different) _____

City

State

Zip Code

Cell Phone: _____

FOR OFFICE USE ONLY

Registration Fee Received: _____

Check # _____ Cash _____

Class Assigned: _____

T-shirt Received: _____

Workbook Received _____