

Date: _____



Registration

(These forms need to be submitted before your child attends so that any medical needs or personal needs can be met; you may drop them by the church office or email them to wpbcprograms@gmail.com)

Date: _____

Parent/Guardian Name (First & Last)

Address: _____ Apt.

City: _____ Zip: _____

Email:

Home Phone: _____ Cell Phone: _____

Home Church:

Child #1 Name: _____ M __ F __ Age: _____ Bday:

____/____/____

Grade in Fall 2016: _____ Food Allergies/Special Needs

Child #2 Name: _____ M __ F __ Age: _____ Bday:

____/____/____

Grade in Fall 2016: _____ Food Allergies/Special Needs
