

Office Use Only:

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## REGISTRATION FORM

Crievewood UMC, 451 Hogan Rd, Nashville, TN 37220

Child's name \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Contact Info:

Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date (month/day/year) \_\_\_\_\_

Current grade (if summer, grade entering in fall) \_\_\_\_\_

Home Church \_\_\_\_\_

Medical or other information we need to know (Please include food allergies.):

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In the event of an emergency (other than those listed above)

Name/Relationship/Phone \_\_\_\_\_

Name/Relationship/Phone \_\_\_\_\_

To whom may we release this child? (Name/Relationship)

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Guest of \_\_\_\_\_