

fellowship STUDENTS

Student Registration

Family Last Name: _____ Home Phone : _____
Parent #1 Name: _____ Cell #1: _____
Parent #2 Name: _____ Cell #2: _____
Address: _____ Email #1: _____
City: _____ Zip: _____ Email #2: _____
Shirt Size: _____

Name	Date of Birth	Grade	Allergie
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional adults allowed to pick up my Student: _____

In case of emergency, contact name and number if no one can be reached at the above numbers.

Name: _____ Phone number: _____

Relationship to child(ren): _____

_____ I give my consent to Fellowship Chapel to take photos and videos of my student who participating in activities with the church. I understand these images may be posted in the building and/or on our online church platforms.

Signature

Date