



If parents are separated or divorced, with whom does the child reside?

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

Parent's Address (if Different From Child's Address): Home Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Release of Child

#### Names of people to whom the child may be released:

(In addition to those already listed on page 1 of the enrollment form)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Parents' Denominational Preference: \_\_\_\_\_

Location of Membership: \_\_\_\_\_

Active Member: Yes \_\_\_\_\_ Somewhat \_\_\_\_\_ No \_\_\_\_\_

Does your child have any disabilities that would require special services or restrict him/her from any physical activities? If so, please relate details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Registration Paid: \_\_\_\_\_

Enrollment Packet Delivered: \_\_\_\_\_