



Registration Form

Date

Child's Information

Name (First, Last): _____ DOB: _____ M or F: _____ Grade: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ *Permission to receive texts and emails?* YES NO

Permission to use child's photo/likeness for future MG promotional use? YES NO

Name (First, Last): _____ DOB: _____ M or F: _____ Grade: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ *Permission to receive texts and emails?* YES NO

Permission to use child's photo/likeness for future MG promotional use? YES NO

Name (First, Last): _____ DOB: _____ M or F: _____ Grade: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ *Permission to receive texts and emails?* YES NO

Permission to use child's photo/likeness for future MG promotional use? YES NO

Parent/Guardian Information

Father (First, Last): _____ Phone: _____ *I prefer a* TEXT CALL

Mother (First, Last): _____ Phone: _____ *I prefer a* TEXT CALL

Guardian (First, Last): _____ Phone: _____ *I prefer a* TEXT CALL

Street Address: _____ City: _____ State: _____ Zip: _____

Additional Information

Fill out only if your child is in Nursery through grade 5

Adult that attends church with your child(ren):

Name (First, Last): _____ Phone: _____ Relationship: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Adult(s) responsible for your child(ren) if not listed above:

Name (First, Last): _____ Phone: _____ Relationship: _____

Street Address: _____ City: _____ State: _____ Zip: _____