



REGISTRATION FORM

(one per child)

Child's Name: _____

Child's Age: _____ Date of birth: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____

Parent/caregiver's cell phone: _____

Home e-mail address: _____

In case of emergency, contact (name & number): _____

Emergency contact's relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

Sea Quest Crew (for church use only): _____