



Registration

Name: _____
Last Father Mother

Physical Address: _____ Phone: _____

Mailing Address: _____

Email address: _____

Full name of children: (include last name if different)	Birthdate	Allergy? Y / N	Grade 2018-2019
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If yes to allergy, please provide detail:

If not SAYSF, what is your home church? _____

In case of an emergency, contact: _____

Visitor of: _____