

Glow for Jesus! Let Your Light Shine  
**Student Registration Form**

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ZIP CODE\_\_\_\_\_

HOME PHONE\_\_\_\_\_CELL PHONE\_\_\_\_\_

WORK PHONE\_\_\_\_\_EMAIL\_\_\_\_\_

PARENT(S) NAME(S)\_\_\_\_\_

PARENT(S) WORK NUMBER(S)\_\_\_\_\_

IN CASE OF EMERGENCY CONTACT\_\_\_\_\_

ALLERGIES OR OTHER MEDICAL CONDITIONS\_\_\_\_\_

\_\_\_\_\_

FAMILY DOCTOR\_\_\_\_\_

AGE\_\_\_\_\_GRADE LAST COMPLETED\_\_\_\_\_

HOME CHURCH\_\_\_\_\_

SIBLINGS ATTENDING\_\_\_\_\_

PERSON WHO WILL DROP OFF\_\_\_\_\_

PERSON WHO WILL PICK UP\_\_\_\_\_

CIRCLE THE DAYS CHILD WILL ATTEND: Mon Tues Wed Thur Fri