



Registration

Family Last Name _____

Student Name: _____ Birth Date: _____ Age: _____ Grade: _____

Parent Information: (include last name if different than child) Please give primary caregiver's information.

Father's Name: _____ Father Cell Phone: _____

Mother's Name: _____ Mother Cell Phone: _____

Address: _____ City: _____ Zip Code: _____

Family Phone: _____ email: _____

Emergency Contact Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Family Phone: _____ email: _____

Medical Information: Please list any medical or physical concerns that the Girls Ministries Club leaders should be aware of: (asthma, hay fever, bee sting allergy, ADD, hearing or sign impairments, etc.)

Medical Authorization: In the event that a parent or guardian cannot be reached in an emergency, permission is given to Christian Life Assembly of God Girls Ministries Club Leadership to seek emergency medical treatment.

Parent or guardian signature: _____ Date: _____

Please select club according to grade in school this year

Rainbows = 3-5 yrs. old girls & boys

Daisies = Kindergarten girls

Prims = 1st & 2nd grade girls

Stars = 3rd-5th grade girls

Friends = 6th-8th grade girls

Registration Fees:

<u>Item</u>	<u>Cost</u>	<u>Date Issued</u>	<u>Have it</u>	<u>Amount Due</u>
Pages/Badges/Crafts (Rainbows thru Stars)	\$30	_____	_____	\$ _____
Club Vest (Rainbows - 1st year only)	\$10	_____	_____	\$ _____
Club Sash (1st year - Prims, Stars)	\$8	_____	_____	\$ _____
Daisies Sash & Folder	\$16	_____	_____	\$ _____
Activity Binder (1 st year - Prims, Stars)	\$10	_____	_____	\$ _____
Friends Journal (1st year only)	\$12	_____	_____	\$ _____
Friends Journal Pages (each year)	\$15	_____	_____	\$ _____
Friends Necklace (optional)	\$7	_____	_____	\$ _____
Friends Unit Charms (opt., 6 per yr.)	\$22	_____	_____	\$ _____
Registration Total.....				\$ _____

Office Use only...

Date Paid: _____ Check# _____ Cash: _____ Camp Fund: _____ Received by: _____