

CORNERSTONE REGISTRATION



CHILDREN'S REGISTRATION

Child's name: _____

Child's age: _____ Date of birth: _____ Grade in school: _____

Name of parent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Parent/Caregiver's cell phone: _____

Home email address: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

ADULT REGISTRATION

Name: _____

Address: _____

Phone number: _____

Email _____

Dinner # expected: _____ adults _____ children



PAID: 1ST SEMESTER _____

2ND SEMESTER _____