



# Registration Form

(One per child)

\$20 per family

July 29<sup>th</sup>-August 2<sup>nd</sup>, 9am to 12pm

Child's name: \_\_\_\_\_

Child's age (4 years and older): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Last school grade completed: \_\_\_\_\_

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: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Home church: \_\_\_\_\_

**Contact DCE Kami Jo with questions:  
261-7421 x7or [dce@graceofnaples.com](mailto:dce@graceofnaples.com)**