

# ReNEW Registration Form 2011

(Please print all information)

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Known allergies/other medical concerns \_\_\_\_\_

Please list food allergies \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency contact person and phone number \_\_\_\_\_

Is there a home church? If so, what denomination? \_\_\_\_\_