

Zach's Club CHILD Registration



First Name

Last Name

M.I.

Street Address

City

State

Zip code

Male or Female?

Birth date

Male

Female

How did you hear about Zach's Club?

Do you have a church home?

If yes, what church do you attend?

Yes

No

Parent/Guardian 1

First Name

Last Name

Phone Number

Email Address

Parent/Guardian 2 (If applicable)

First Name

Last Name

Phone Number

Email Address

List any siblings and their ages...

Who has permission to pick up your child in an emergency?

1. First Name

Last Name

Phone Number

Alternative Phone Number

2. First Name

Last Name

Phone Number

Alternative Phone Number

Doctor Information

Name

Phone Number

Please list the following: Any current medications, allergies, medical concerns, special needs, health condition, etc...