## **MBC REGISTRATION FORM FALL 2015**

(Please fill out one form per family, use back of form if you need more space)

Family Last Name				
Kids Last Name (if o	lifferent from pare	nts		
Children Attending				
Name	Age	Grade	Birth date	
Name	Age	Grade _	Birth date	
Name	Age	Grade _	Birth date	
Parent's Name(s):				
Address				
City/State/Zip				
City/State/Zip Home Phone	(Pleas	e give us 2 ph	none numbers we	can use to reach you)
<b>Emergency Contact Pers</b>	on & their phone #			
E-Mail Address		(so we can ke	eep you up to date	e on events)
Church/Place of worship	that you attend (if	applicable)		
Please list any medical c	onditions or legal i	ssues that we	should be aware of	of concerning your child:
I give my child permission events on the church web		-		For MBC to use pictures taken during
Signature				
Does your child have per	mission to walk ho	ome unattende	ed?	

Fill out and mail to Dorothy Gaugler 82-15 57 Ave. Elmhurst, NY 11373 or email to narniafive@rcn.com