

Radiant Life Fellowship
“The Grove” registration form

Today’s date: _____

Parent(s) / Guardian(s) name(s): _____

Address: _____

Phone numbers: Home _____ Cell _____

Email address: _____

Child #1

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Grade: _____

Allergies / Health concerns: _____

Child #2

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Grade: _____

Allergies / Health concerns: _____

Child #3

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Grade: _____

Allergies / Health concerns: _____

Child #4

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Grade: _____

Allergies / Health concerns: _____