



REGISTRATION FORM

(1 per child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of Birth: _____ Last School grade completed: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone: _____

Cell phone: _____

Home Email Address: _____

Home Church: _____

ALLERGIES or OTHER MEDICAL CONDITIONS:

Emergency Contact:



191 N. Orange St.
Orange, CA. 92866
Tel: 714 538 2341
www.firstpresorange.org