



# 2011 & 2012 Registration

CHILDS NAME: \_\_\_\_\_

MALE / FEMALE

GRADE OF YOUR CHILD FALL 2011: \_\_\_\_\_

CHILD'S BIRTHDAY: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES OR HEALTH ISSUES WE NEED TO BE AWARE

OF? YES / NO

IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME/PHONE NUMBER:

## WOULD YOU BE WILLING TO HELP OUR LION'S PRIDE PROGRAM IN ANY OF THE FOLLOWING AREAS?

- TEACHING
- ASSISTANT TEACHER
- KITCHEN HELP
- GAME LEADER
- GAME ASSISTANT
- DONATE TO OUR SAFARI STORE
- MISC. BEHIND THE SCENES HELP
- STORE HELPERS

PLEASE HELP US GET TO KNOW YOUR CHILD BY TELLING US SOMETHING ABOUT HIM/HER

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\_\_\_\_\_  
\_\_\_\_\_

Community of Hope Church 27817 SW Stafford Rd. Wilsonville, OR 97070 503-682-8855

PLEASE CONTACT CINDY STOREY WITH QUESTIONS: Cell 503-545-6350 EMAIL : cmslilac@aol.com