



HIGHLAND CHRISTIAN CHURCH

Name _____ Birthday _____

Address _____

City _____ State _____ Zipcode _____

Home Phone (____) _____ Cell Phone (____) _____

Current School _____ Grade _____

E-Mail _____

Preference on how to contact you: E-Mail Call Cell Phone Cell Phone Text Parent

Allergies _____

Do you attend church? _____ If so, where? _____

PARENT CONTACTS

Mother Name _____ Cell Phone (____) _____

Mother E-Mail _____

Father Name _____ Cell Phone (____) _____

Father E-Mail _____

Emergency Contact: Other than parents

Name _____ Phone (____) _____

Relationship to you _____

