

# Centerpointe Presbyterian Church – Centerpointe Kids & Youth Registration

Head of Household Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Household Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Household Email: \_\_\_\_\_

**Child/Youth #1 – Please put a check next to each item you want to keep confidential**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Birthdate: (mm/dd/yy) \_\_\_\_\_  Male  Female  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies: \_\_\_\_\_

**Child/Youth #2 – Please put a check next to each item you want to keep confidential**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Birthdate: (mm/dd/yy) \_\_\_\_\_  Male  Female  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies: \_\_\_\_\_

**Child/Youth #3 – Please put a check next to each item you want to keep confidential**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Birthdate: (mm/dd/yy) \_\_\_\_\_  Male  Female  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies: \_\_\_\_\_

**Child/Youth #4 – Please put a check next to each item you want to keep confidential**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Birthdate: (mm/dd/yy) \_\_\_\_\_  Male  Female  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Allergies: \_\_\_\_\_