## WRENSHALL WRENS CLUB

## Registration Form

Child's Name		Age	Birthday		Grade	Allergies	
Parent Info		Mother				Father	
Name							
Home Address							
Home Phone							
Cell Phone							
Email							
Name of Employer							
Work Phone							
Emergency Contact-Other tl	han Par	l ent/Guard	dian				
Name Day Phone							Relationship
Only the adults listed below	are au	thorized to	o pick-up.	Staff	will ask fo	or ID if unfar	niliar with individual.
Name				Phone			