



Church of the Good Shepherd

Girls United! in Christ

Registration Form

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Email Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Date of Birth: _____

Age: _____

T-shirt Size: _____

Last grade completed: _____

Home Church: _____

Medical/Allergy Info: _____

Emergency Contacts:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name of person(s) who may pick up your child from **Girls United!**
