

LVPC CHURCH SCHOOL ("JOURNEYS") REGISTRATION FORM  
SCHOOL YEAR 2010-2011

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Name/Phone Number of Emergency Contact: \_\_\_\_\_

Would you be willing to assist in Journeys on a rotation basis? \_\_\_\_\_

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1. Child's Name: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Age as of 09/2010: \_\_\_\_\_ Grade as of 09/2010: \_\_\_\_\_

Age as of 09/2010: \_\_\_\_\_ Grade as of 09/2010: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies/Medical Needs: \_\_\_\_\_

Allergies/Medical Needs: \_\_\_\_\_

Talents/Gifts/Hobbies that your family can share with

Talents/Gifts/Hobbies that you family can share with

Church School: \_\_\_\_\_

Church School: \_\_\_\_\_

Additional Pertinent Information: \_\_\_\_\_

Additional Pertinent Information: \_\_\_\_\_

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3. Child's Name: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_

Age as of 09/2010: \_\_\_\_\_ Grade as of 09/2010: \_\_\_\_\_

Age as of 09/2010: \_\_\_\_\_ Grade as of 09/2010: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies/Medical Needs: \_\_\_\_\_

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