



PowerLab Registration Form

(one form per child)

Child's Name: _____ Age: _____

Date of Birth: _____ Last school grade completed: _____

Allergies or other medical conditions: _____

Name of a special friend your child might like to be with: _____

Parents/Guardians: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____ Pager #: _____

Home e-mail address (optional): _____

In case of emergency, contact: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____ Pager #: _____

Home church: _____

Note: PowerLab music CDs are available for \$7 each.

Please return registration form to church office.