

Pioneer Clubs Family Registration Form

Parent's Last Name: _____ Home Phone: _____
Mother's Full Name: _____ Father's Full Name: _____
Address: _____
City: _____ Zip: _____ Cell Phone _____

\$30/per child Registration Fee Checks to: United EF Church

First Child's Last Name: _____ First Name: _____
Date of Birth (month/day, year) _____ Gender: _____ Age: _____
List any known allergies or health problems: _____

Please fill address information if different than family's.
Address: _____ Home Phone: _____
City: _____ Zip: _____

Second Child's Last Name: _____ First Name: _____
Date of Birth (month/day, year) _____ Gender: _____ Age: _____
List any known allergies or health problems: _____

Third Child's Last Name: _____ First Name: _____
Date of Birth (month/day, year) _____ Gender: _____ Age: _____
List any known allergies or health problems: _____

Fourth Child's Last Name: _____ First Name: _____
Date of Birth (month/day, year) _____ Gender: _____ Age: _____
List any known allergies or health problems: _____

May we photograph your child for Club/Camp promotional purposes? Yes: _____ No: _____

Parent's Signature: _____ Date: _____