



# Crossroads Home-School Ministries

## P.E. Family Registration

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact/Phone#: \_\_\_\_\_

Children:

Name	Date of Birth	Age	Grade	Allergies/Health Concerns

### PHOTO RELEASE

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Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_