

# MAC PASTORATE LITTLE DISCIPLES

## REGISTRATION FORM

### CHILD'S INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender M/F \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

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

Mother's Phone # \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Phone # \_\_\_\_\_ Father's Email \_\_\_\_\_

May we use your child's image on social media? Yes/No

Would you like to volunteer as a parent chaperone for one of our gatherings? Yes/No

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

