



WAM REGISTRATION 2017-2018

WAM student _____
Age (as of July 31, 2017) _____ Date of birth _____
Grade in school 2017-18 _____
Address _____
City/State _____ Zip _____
Home phone _____
Parent's names _____
Preferred cell phone _____
Preferred email _____
Food allergies _____

Do we have permission to photograph your child and use these photographs in slideshows, videos, church publications, and on our church website? Please circle: YES NO

Parent/Guardian contact info during WAM _____

If parent/guardian is not at the church during WAM time, please indicate responsible party and how they can be contacted.

Parent signature _____

-over-
(for multiple WAM students)

WAM student _____
Age (as of July 31, 2017) _____ Date of birth _____
Grade in school 2017-18 _____
Food allergies _____

WAM student _____
Age (as of July 31, 2017) _____ Date of birth _____
Grade in school 2017-18 _____
Food allergies _____

WAM student _____
Age (as of July 31, 2017) _____ Date of birth _____
Grade in school 2017-18 _____
Food allergies _____

WAM student _____
Age (as of July 31, 2017) _____ Date of birth _____
Grade in school 2017-18 _____
Food allergies _____

WAM student _____
Age (as of July 31, 2017) _____ Date of birth _____
Grade in school 2017-18 _____
Food allergies _____

WAM student _____
Age (as of July 31, 2017) _____ Date of birth _____
Grade in school 2017-18 _____
Food allergies _____

WAM student _____
Age (as of July 31, 2017) _____ Date of birth _____
Grade in school 2017-18 _____
Food allergies _____