



WAM REGISTRATION 2016-2017

WAM student _____

Age (as of July 31, 2016) _____ Date of birth _____

Grade in school 2016-17 _____

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 _____