Registration Form

Today's Date_____ Birth Date: _____Age: _____

Name _____

Current Address _____

City _____ Zip Code _____

Phone Number _____Emergency phone number _____

Parents/Guardian _____

Parent/guardian phone number if different _____

Parent/guardian address if different _____

_____

Email _____

Medications: _____ Allergies: _____

Primary Doctor _____ Therapist/Counselor: _____

Church/Pastor: _____

How did you hear about our program? _____

A parent/guardian signature is required on this form in order to participate in "Club H2O"

I understand Club H2O is a faith-based curriculum addressing self-esteem, boundary setting, and healthy coping strategies.

I give my permission for _____ to attend Club H2O.

_____

Parent/Guardian signature

Please return this form to Well of GRACE Ministries, 5707 Red Arrow Hwy., Stevensville, MI 49127
To learn more about Well of GRACE Ministries, check our website: www.wellofgraceministries.com or call us at (269) 428-9355.