Cynthia Mickens Ministries Inc. Path~Way to Life Center of Hope Church Free Summer Learning and Feeding Program

Registration Form

Child's Name		
Last Grade Completed	DOB	
Address		
Parent or Guardian Name		
Phone	Email	
Emergency Contact Name		
Emergency Contact Relation		
Phone		
Siblings in the Program		
Name	DOB / Age	Grade
Health Concerns		
Food		
Allergies Medications		_
MEUICALIUIIS		

Name	Number	Relation	
Name	Number	Relation	
Name	Number	Relation	
Name	Number	Relation	

Approved Pick Up List (Updated driver's license or official identification must be presented)

Child Protective Services Approved Contact Persons

Name	Contact Phone	Child Served