

Family Name: _____
 Home Parish: _____
 Date rec'd: _____
 Fee: _____ Check #: _____

For Office Use Only

SKS Forensics Registration Form 2018-2019

Registration open 10/16---12/14

Please supply all requested information. Print clearly.

Child's Full Name (First, Middle, Last)	M/F	DOB	Grade	Choice # 1	Choice # 2	Choice # 3

Family Name: _____ Home Parish: _____

Home Phone: _____ Family Email: _____

Address: _____
Street City Zip Code

Father's Name: _____

Father's Cell Phone: _____ Email: _____

Mother's Name: _____

Mother's Cell Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Home: _____ Cell: -----