B.L.A.S.T. Registration Form

Child's First & Last Name: _____

Gender: _____ Boy _____Girl

Age: _____ Birthdate: _____

Grade Entering in 2026/27 school year:
_____ Kindergarten
_____ 1st Grade
_____ 2nd Grade
_____ 3rd Grade
_____ 4th Grade
_____ 5th Grade
_____ Other _____

Address: _____

City: _____ State: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship to Child: _____

Are there any Allergies/Dietary/Restrictions or Special Concerns that we should know about?

_____ YES _____NO (If answering yes, please explain below)

_____

Do you authorize Milburn Chapel to post pictures with your child included on our social media?

_____ YES _____NO

Signature: _____Date: _____

Date entered: _____