



# Rome Registration Form



(one per child)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Number of family members participating in Rome: \_\_\_\_\_ **Grade Completed** \_\_\_\_\_

Will parents be helping in other areas of Rome? \_\_\_\_\_ Where? \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_



Allergies or other medical conditions: \_\_\_\_\_

Home church: \_\_\_\_\_

Roman Family name (for church use only): \_\_\_\_\_

Name of a special friend your child might like to be with: \_\_\_\_\_

**Note: Registration is for child 4 years + and completed 1 year of per-school  
If above requirement is not met and you wish to enroll your child, then one parent  
need to accompany the child. Contact Thomas Alex @734-223-1217**