

L.I.G.H.T. REGISTRATION 2009-2010

Child's Name _____

Age _____ Birthday _____ Grade in Fall _____

Child's Name _____

Age _____ Birthday _____ Grade in Fall _____

Child's Name _____

Age _____ Birthday _____ Grade in Fall _____

Child's Name _____

Age _____ Birthday _____ Grade in Fall _____

Child's Name _____

Age _____ Birthday _____ Grade in Fall _____

Parent's Name(s) _____

Address _____

Phone _____ Email _____

Emergency Contact _____

Emergency Phone _____

Are there any concerns, health or otherwise, that should be known?

Volunteers are needed to make LIGHT a success!!

Are you interested in volunteering? Yes _____ No _____

Email _____ Phone _____