



Rome Registration Form



(one per child)

Name: _____

Age: _____ Last Grade Completed: None PS K 1 2 3 4 5

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell phone: _____

Home email address: _____

Number of family members participating in Rome: _____

Will parents be helping in other areas of Rome? _____ Where? _____

In case of emergency...

Contact Name: _____

Contact Phone Number: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home Church: _____

Name of special friend your child might like to be with: _____

