

# Gateway Christian Co-op Registration form 2015/2016

Name:

Street Address:

Phone Number:

Email:

Emergency contact Name and phone number:

**Please list information for all children that will be attending with you:**

Name	Date of Birth	Current Age	Allergies/ Special Information

Do you give the co-op permission to use photos of your children for the website or other co-op materials?

Yes \_\_\_\_\_ No \_\_\_\_\_ (please check one)

I have read, and agree with the Gateway Christian Co-op's Statement of Faith and the Policies & Procedures of Gateway Christian Co-op.

Please Sign \_\_\_\_\_