

St. David's Walk to Easter Registration Form

Child's Name: _____

Age: _____

Child's Name: _____

Age: _____

Child's Name: _____

Age: _____

Will parent stay? Yes _____ No _____

If no, who will pick up? _____

Emergency phone number: _____

Food allergies: _____

I give my permission for my child, _____
to participate in the Walk to Easter program on April 2, 2010 at St.
David's Episcopal Church.

Parent or guardian signature

print name

