

CHILD INFO

* required

Child's Name *

First

Last

Gender *

My child will attend (school name) *

Grade for the 2016 - 2017 school year*

- 5th Grade (Class of 2024)
- 6th Grade (Class of 2023)
- 7th Grade (Class of 2022)
- 8th Grade (Class of 2021)

Is your child a twin? *

- No
- Yes

Is your child a sibling of current or past active participants? *

- No
- Yes

PARENT ONE INFO

Name

First

Last

Home Phone

Cell Phone

Email

Address *

Street Address

Missouri

State

City

ZIP Code

PARENT TWO INFO

Name

First

Last

Home Phone

Cell Phone

Email

Address

Street Address

Missouri

State

City

ZIP Code