



Registration Form

Date _____

Name _____ Age _____

Current Address _____

City _____ Zip Code _____

Phone Number _____ Emergency phone number _____

Parents/Guardian _____

Parent/guardian phone number if different _____

Parent/guardian address if different _____

Email _____

Please list any medical conditions the facilitators need to be aware of _____

How did you hear about our program? _____

All sessions will take place on Wednesdays from 2:00-5:00 p.m. at The Overflow Café
Orchards Mall (near Elder Beerman)

Check which session you are planning to attend:

_____ Summer Session I – June 16th thru July 21st

_____ Summer Session II – July 28th thru September 1st

A parent/guardian signature is required on this form in order to participate in “Club H2O”

I give my permission for _____ to attend
Club H2O.

Parent/Guardian signature

Please mail this registration form to Well of GRACE Ministries, 1672 Roberts Dr., St. Joseph, MI 49085 or call
Well of GRACE at (269)428-9355.