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**Girls' Friendly Society
Registration Form**

Today's date _____

Child's Name: _____ Birth date: _____

Address: _____

Grade in school: ___ Name of school attending: _____

Parish _____ Baptized? _____

Interests, hobbies and activities: _____

Parent name(s): _____

Telephone(s): _____

Email address: _____

Please list:

Special Medical Requirements _____

Allergies _____

Emergency Contacts:

Name _____ Phone numbers _____

Name _____ Phone numbers _____

Who is authorized to pick up this child? _____

Who is NOT authorized to pick up this child? _____

Parents: Please note any skills, work or travel experience that you can provide to the GFS
program. _____

*Thank you for taking the time and effort to complete this form.
Please return it to your GFS branch leader.*