

Cynthia Mickens Ministries Inc.
Path~Way to Life Center of Hope Church
Free Summer Learning and Feeding Program
Registration Form

Child's Name _____

Last Grade Completed _____ DOB _____

Address _____

Parent or Guardian Name _____

Phone _____ Email _____

Emergency Contact Name _____

Emergency Contact Relation _____

Phone _____

Siblings in the Program

Name	DOB / Age	Grade

Health Concerns

Food

Allergies _____

Medications _____

