

**JUNE 6th - JUNE 10th
HARVEST BAPTIST
CHURCH**

REGISTRATION FORM



CHILDS NAME: _____ **GRADE:** _____ **AGE:** _____

PARENT/GURDIAN: _____

ADDRESS: _____

PARENT/GUARDIAN CELL PHONE: _____

EMERGENCY CONTACT NAME: _____

CELL: _____

EMERGENCY CONTACT NAME: _____

CELL: _____

WHO HAS PERMISSION TO PICK UP YOUR CHILD:

DOES YOUR CHILD HAVE ANY ALLERGIES(Please list any food allergies):

DOES THE CHURCH HAVE PERMISSION TO PHOTOGRAPH YOUR CHILD: YES NO

**DOES THE CHURCH HAVE PERMISSION TO USE YOUR CHILDS PHOTO FOR
PUBLICATIONS: YES NO**

DO YOU HAVE A CHURCH HOME: _____

PARENT/GAURDIAN SIGNATURE: _____

DATE: _____