

**Children's Summer Registration 2017**  
**Vacation Bible School June 12-16, 9:00AM - 12:00PM**

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Email: \_\_\_\_\_

My child has permission to participate in the above activities with Crescent Hill Baptist Church. Representatives of Crescent Hill Baptist Church may transport my child in church vehicles and personal vehicles. Representatives of Crescent Hill Baptist Church may seek medical attention for my child in the case of emergency and offer basic first aid. I understand that photos may be taken during these activities and used in church publicities.

Parent Signature: \_\_\_\_\_