



Summer Enrichment Registration Form

Registration Fee: \$60.00 each child

Father's name _____ Employed at _____
 Home# _____ Work# _____ Cell# _____
 Address/City/Zip _____

Mother's name _____ Employed at _____
 Home# _____ Work# _____ Cell# _____
 Address/City/Zip _____

Guardian's name _____ Employed at _____
 Home# _____ Work# _____ Cell# _____
 Address/City/ZIP _____

Name of children attending Summer Enrichment:

_____	Boy ___	Girl ___	DOB _____	Fall Grade _____
(First)		(Last)		
_____	Boy ___	Girl ___	DOB _____	Fall Grade _____
(First)		(Last)		
_____	Boy ___	Girl ___	DOB _____	Fall Grade _____
(First)		(Last)		

Church you attend: _____

Names of those who are allowed to pick up your child/children:

I understand and agree that any video or photos taken of my child may be used in the publications (i.e. print, video, or internet) of Tri-City Baptist Church.

Signature

Date