

BAM Registration, Wednesdays 6:00-7:30 PM



TWO different 5 week Spring Sessions

(each concludes with an additional Family Night of Fun!)

February 7- March 7 (+March 14th, Family Night) AND April 4- May 2 (+May 9th, Family Night)

Parent Contact Name: _____

Cell Number: _____ Email Address: _____

I give consent for the church/event staff to use their own judgment in securing EMERGENCY medical aid and/or ambulance service for children listed on back of this form if for any reason the parents or emergency contact person cannot be reached.

Parent's Signature _____

In case Parents/ Guardians cannot be reached, contact: _____

Relationship: _____ Phone (s): _____

OPTIONAL: Are you currently attending a SRCC life group? Y N

Leaders names? _____ When do you meet? _____

OPTIONAL: *List SRCC Weekend Family Call Number (from check-in system): # _____

Child's Name: _____ Date of Birth: _____ Check here if brought as friend of family _____

M / F Allergies and/or Additional comments: _____

Circle One: Kindergarten 1st grade 2nd 3rd 4th 5th

Child's Name: _____ Date of Birth: _____ Check here if brought as friend of family _____

M / F Allergies and/or Additional comments: _____

Circle One: Kindergarten 1st grade 2nd 3rd 4th 5th

Child's Name: _____ Date of Birth: _____ Check here if brought as friend of family _____

M / F Allergies and/or Additional comments: _____

Circle One: Kindergarten 1st grade 2nd 3rd 4th 5th

Child's Name: _____ Date of Birth: _____ Check here if brought as friend of family _____

M / F Allergies and/or Additional comments: _____

Circle One: Kindergarten 1st grade 2nd 3rd 4th 5th