



# Son Rock Kids - Adventure Park

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade just completed: \_\_\_\_\_

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

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

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

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

Parent(s) name(s): \_\_\_\_\_

Parents work phones: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Name of home church \_\_\_\_\_

\*\*In order to comply with FBC's Children and Youth Protection Policy we require that the parental consent form below completed for all children ages 11 and under.

~ \_\_\_\_\_ (Child's name) will be picked up by \_\_\_\_\_  
\_\_\_\_\_ (name of adult or older child and relation to child being picked up) each day.

~ \_\_\_\_\_ (child's name) has my permission to leave the church premises unattended and either walk or ride their bike home.

~ \_\_\_\_\_ (Child's name) will be attending the Community Day Camp Program at FBC in the afternoon.

This permission is granted for VBS 2018 at the First Baptist Church of Clarks Grove

\_\_\_\_\_  
Parental signature

\_\_\_\_\_  
Date

Please register online, email or call the church to let us know you are coming

[www.fbcclarksgrove.org](http://www.fbcclarksgrove.org) , [fbcclarksgrove@gmail.com](mailto:fbcclarksgrove@gmail.com) or 256-4252

AND

Bring your registration with you on the first day

