

# Little Blessings



HILLCREST BAPTIST CHURCH

Your child's spot is reserved when you turn in this form along with the \$25 non-refundable deposit.

Today's Date: \_\_\_\_\_

## Summer Session 2020 June 23rd thru July 30th

\$25 Registration/ \$255 Tuition for 6 Week Program  
(Babies thru 3rd Grade)

### Child's Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

### Family Information

Mother's name: \_\_\_\_\_  
Home Address (if different from child): \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Text Me?  Y  N

Father's name: \_\_\_\_\_

Home Address (if different from child): \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Text Me?  Y  N

Church that you attend: \_\_\_\_\_

In the event of an emergency & we are unable to reach parents, please list alternate person(s) to contact.

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

Phone # (h): \_\_\_\_\_ (wk): \_\_\_\_\_ (cell): \_\_\_\_\_

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

Phone # (h): \_\_\_\_\_ (wk): \_\_\_\_\_ (cell): \_\_\_\_\_

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

Phone # (h): \_\_\_\_\_ (wk): \_\_\_\_\_ (cell): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Allergies or Special Notes: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_