

OAK GROVE BAPTIST MUSIC DAY CAMP REGISTRATION

Student Name: _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Email Address: _____

Birth Date _____ Last Grade Completed _____

Parent's Name _____

Parent's Work Phone: _____

Parent's Cell Phone: _____

Parent's email: _____

Emergency Contact: _____

Emergency Phone Number: _____

Medical Information or other Information we need to know:

(Food Allergies) _____

Doctor's Name and Phone No.: _____

Name of Home Church _____

Do you Currently Attend Sunday School? _____ YES _____ NO

Other than Parent or guardian, who may pick up this child from Music Day Camp?

Name _____ Relationship _____