## **MBC REGISTRATION FORM SUMMER 2015**

(Please fill out one form per family, use back of form if you need more space)

Family Last Name					
Kids Last Name (	if different from parents	S			
Children Attending					
Name	Age	_ Grade _	Birth date		
Name	Age	_ Grade _			
Name	Age		Birth date		
Parent's Name(s):	<del> </del>				
	<del> </del>				
City/State/Zip					
Home Phone					
<b>Emergency Contact P</b>	erson & their phone # _				
E-Mail Address	(5	so we can k	eep you up to date	e on events)	
Church/Place of wors	hip that you attend (if a	oplicable)			
Please list any medica	al conditions or legal iss	ues that we	should be aware	of concerning your child:	
	ssion to attend events at website, in a memory Cl			for MBC to use pictures taken durin	g
Signature  Does your child have	permission to walk hom	ne unattend	ad?		
Does your clinic have	permission w wark hon	ic unattend	<u></u>		
Please circle Dates yo	ou plan to attend camp –	July 1st, Jul	ly 15, July 22, Jul	ly 29, August 5th, & August 12th	

Fill out and mail to Dorothy Gaugler 82-15 57 Ave. Elmhurst, NY 11373 or email to info@maspethbiblechurch.com