

Trinity Baptist Church - Children's Day Out Registration Form

2024-2025

800 Jackson Rd., Kerrville, TX 78028

830-895-0100 babrown@tbck.org

Last Name:

First Child's Name _____ M F DOB _____

Second Child's Name _____ M F DOB _____

Third Child's Name _____ M F DOB _____

Home Address (street) _____ (city) _____ (zip) _____

Home Telephone _____ email: _____

Mother's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Childs t-shirt size _____

In town emergency (other than parent)

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Persons authorized to pick up children:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Persons who are NOT authorized to pick up children:

1. _____ Relationship _____

2. _____ Relationship _____

I have read the Children's Day Out Policies & Procedure Book for the 2019-2020 school year. I understand the policies stated in this book, and agree to abide by them.

Signature

Printed Name

Date

Office Use Only

Complete registration packet received: _____ / _____ dated / initial Supply Fee Received: _____ / _____ dated / initial

Notes: _____
