

TRINITY BAPTIST CHURCH
Spring Break Camp Registration Form

Child's Name: _____

Child's Grade: _____

Parent's Name: _____

Address: _____

Street

City

Zip

Emergency Contact Names and Telephone Numbers: (Please list these in the order we should call)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Class Choices (please circle **4** classes out of each group. Remember, the child will only get **2** of the **4** chosen.)

Group 1:
(Select 2)

Puppets

Stomp

Choir Chimes

Creative Movement

Drama

Music Games

Group 2:
(Select 2)

Cooking

Basketball

Crafts

Scrapbooking

Computer

Sewing

Kick Ball

Game Time

Cooking

(Please do not write in this area)

CAMP USE ONLY

Date received: _____

Payment received: _____