



Child's Name: _____

Parent/Guardian's Name(s): _____

Address: _____
 City _____ State _____ Zip _____

Phone Numbers: Hm _____ Cell _____
 Work _____ Cell _____

Email: _____ (for class assignment notification)

DOB: _____ Grade last completed: _____

Sport of Interest (indicate 1st, 2nd, and 3rd choices) Date of request: _____
 _____ cheer _____ basketball _____ baseball _____ soccer

Medical/Special Needs Information (please include any known food allergies):

Emergency Contacts:
 Name: _____ Phone: _____
 Name: _____ Phone: _____

Dismissal Information: Who can pick up your child at the end of each day?

What church do you regularly attend? _____

If you are visiting, would you like additional information about SVBC? Yes / No

May we have permission to photograph your child? Yes / No

May we have permission to use your child's photograph in church publications for the purpose of promotion? Yes / No



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