

Summer Thunder at SBF Registration

Name _____

Mailing Address _____
Street

_____ Town State Zip

Phone _____

Parent's Name _____

Emergency Contact _____
Name Phone

Approved for Pick-Up _____

Food Allergies/ Medical Needs _____

Home Church _____

Grade (this coming year) _____

School _____

- I give permission for my child to attend Summer Thunder.
- I give permission for my child to be included in club photos for promotional purposes.

Parent signature _____

Summer Thunder at SBF Registration

Name _____

Mailing Address _____
Street

_____ Town State Zip

Phone _____

Parent's Name _____

Emergency Contact _____
Name Phone

Approved for Pick-Up _____

Food Allergies/ Medical Needs _____

Home Church _____

Grade (this coming year) _____

School _____

- I give permission for my child to attend Summer Thunder.
- I give permission for my child to be included in club photos for promotional purposes.

Parent signature _____

For Teacher's Use

Name _____

Day	Mon	Tues	Wed	Thurs	Fri
Attendance					
Memory Verse					
Bringing Friend					
Singing Theme Song					
Misc.					

For Teacher's Use

Name _____

Day	Mon	Tues	Wed	Thurs	Fri
Attendance					
Memory Verse					
Bringing Friend					
Singing Theme Song					
Misc.					