



Registration Form

Hillcrest Baptist church
399 Hoover
Lebanon, MO 65536

Child's Name _____

Parent/Guardian Name _____

Address _____

Mailing Address (if different) _____

Phone Numbers:

Home _____ Work _____ Cell _____

E-mail _____

Age Information:

Birth date _____ Last grade completed in school _____

Medical Information:

Medical or other information we need to know. (Please include any food allergies.)

Emergency Contacts:

Name _____ Phone Number _____

Name _____ Phone Number _____

Dismissal Information:

Who may pick up your child at the end of each day? _____

T-Shirt size _____