



Bloom Baptist Church

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PO Box 121
Lithopolis, OH 43136
(614)837-7122
Www.bloombaptist.org

2017-18 Registration Form

CHILD'S NAME: _____.

DATE OF BIRTH: ___/___/___ SCHOOL GRADE: _____

SCHOOL ATTENDED: _____.

ADDRESS: _____ CITY: _____ ZIP: _____.

PHONE: _____ MOBILE PHONE: _____.

EMAIL: _____.

DO YOU REGULARLY ATTEND CHURCH? Y / N.

IF SO, WHAT CHURCH.: _____.

MEDICAL RELEASE:

PARENT/LEGAL GUARDIAN'S NAME: _____.

ADDRESS: _____.

PHONE #S: HOME: (_____) _____ - _____.

WORK: (_____) _____ - _____.

CELL: (_____) _____ - _____.

OTHER: (_____) _____ - _____.

List all known medical conditions, including food allergies and/or drug allergies. In addition, include any and all over-the-counter and/or prescription drugs taken regularly.

IN AN EMERGENCY, PLEASE CONTACT: _____.

RELATIONSHIP TO CHILD/CHILDREN: _____.

PHONE #S: (_____) - _____ . (_____) - _____ .

(_____) - _____ . (_____) - _____ .

OR CONTACT: _____.

RELATIONSHIP TO CHILD/CHILDREN: _____.

PHONE #S: (_____) - _____ . (_____) - _____ .

(_____) - _____ . (_____) - _____ .

PHYSICIAN'S NAME: _____.

ADDRESS: _____.

PHONE #S: (_____) - _____ . (_____) - _____ .

PARENT OR GUARDIAN SIGNATURE: _____.

DATE: _____.