



# Bloom Baptist Church

4210 Cedar Hill Rd  
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: \_\_\_\_\_.

**Please complete this form and return to Bloom Baptist Church at [info@bloombaptist.org](mailto:info@bloombaptist.org).**