

South Dade Baptist Church

Reaching Out to our Community through the Ministry of

Colonial Christian School

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William Long

Senior Pastor, S.D.B.C.

Terri Morrissey

Administrator, C.C.S.

2010 Summer Camp Registration Form

1ST Child's Name:

First _____ Last _____

Age _____ Date of Birth _____

2ND Child's Name:

First _____ Last _____

Age _____ Date of Birth _____

Parent Information:

Father _____
First Name Last Name

Mother _____
First Name Last Name

Address _____

Home Phone # _____

Father's Cell Phone # _____ Work Phone # _____

Mother's Cell Phone # _____ Work Phone # _____

Drop Off / Pick Up Authorization:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____