



Monday – Wednesday, June 12-14, 2017 • 10:00 a.m. until 12:00 p.m. (check-in begins at 9:30 a.m. on Monday) and Wednesday, June 14, 6:00-7:30 p.m. - children and parents experience "The PJ Party-Prayers to Jesus" together. Ages 3 years - Kindergarten

Enrollment is LIMITED and must be completed online at southtulsa.org by June 5, 2017 or Complete the form below and return it with \$20 by June 5, 2017 to South Tulsa Baptist Church, 10310 S Sheridan Road, Tulsa, OK 74133

South Tulsa Baptist Church Summer Music Activity for Kids • PreSMAK • June 12-14, 2017

Name \_\_\_\_\_ Birthdate (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Boy / Girl
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Parent's Name(s) \_\_\_\_\_
Phone Numbers: (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_
Email Address: \_\_\_\_\_

Do you attend church regularly?  Yes  No, if yes, where \_\_\_\_\_

CHILD WILL  CHILD WILL NOT be able to participate on Wednesday evening at 6:00 p.m.

T-SHIRT SIZE (PLEASE CHECK ONE)  Youth X-Small 2-4  Youth Small 6-8  Youth Medium 10-12  Youth Large 14-16  Adult Small

Any special allergies \_\_\_\_\_ Medications/Dosage child is taking \_\_\_\_\_

Any other medical information we may need to know \_\_\_\_\_

Please place my child in the same class as \_\_\_\_\_ CLASS ASSIGNMENTS ARE FINAL

May we have permission to photograph/video your child?  yes  no

May we have permission to use your child's photo/video in church publications for the purpose of promotion?  yes  no

I give my permission for the above named child to participate in the Summer Music Activity for Kids camp at South Tulsa Baptist Church. I hereby release South Tulsa Baptist Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity either on or away from the church property. I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsors to secure the services of a licensed physician to provide the care necessary for my child's wellbeing.

Signature of Parent/Guardian \_\_\_\_\_

If unable to reach parent/guardian, call: Name \_\_\_\_\_ Phone \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_  cash  check# \_\_\_\_\_