



Monday – Wednesday, June 11-13, 2018 • 10:00 a.m. until 12:00 p.m. (check-in begins at 9:30 a.m. on Monday) **and**
Wednesday, June 13, 6:00-7:00 p.m. - children and parents experience The “Thank You” Meal together.
Ages 3 years - Completed Kindergarten

*Enrollment is LIMITED and must be completed online at southtulsa.org by June 6, 2018 or
 Complete the form below and return it with \$20 by June 6, 2018 to South Tulsa Baptist Church, 10310 S Sheridan Road, Tulsa, OK 74133*

South Tulsa Baptist Church Summer Music Activity for Kids • PreSMAK • June 11-13, 2018

Name _____ Birth date _____ Age _____ Boy / Girl
(mm/dd/yy)

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# _____