

**Trinity Baptist Church - Children's Day Out Registration Form**  
**800 Jackson Rd., Kerrville, TX 78028**  
**830-895-0100   babrown@tbck.org**

**2023-2024**

**Last Name:**

First Child's Name \_\_\_\_\_ M F DOB \_\_\_\_\_

Second Child's Name \_\_\_\_\_ M F DOB \_\_\_\_\_

Third Child's Name \_\_\_\_\_ M F DOB \_\_\_\_\_

Home Address (street) \_\_\_\_\_ (city) \_\_\_\_\_ (zip) \_\_\_\_\_

Home Telephone \_\_\_\_\_ email: \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Childs t-shirt size** \_\_\_\_\_

**In town emergency (other than parent)**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Persons authorized to pick up children:**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Persons who are NOT authorized to pick up children:**

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

I have read the Children's Day Out Policies & Procedure Book for the 2019-2020 school year. I understand the policies stated in this book, and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Office Use Only**

Complete registration packet received: \_\_\_\_\_/\_\_\_\_\_  
dated initial

Supply Fee Received: \_\_\_\_\_/\_\_\_\_\_  
dated initial

Notes: \_\_\_\_\_

\_\_\_\_\_