



JUNE 6-9

FIRST BAPTIST LITTLE ROCK
62 Pleasant Valley Drive

Child's First Name _____ Child's Last Name _____

Grade Completed _____ Gender **Male / Female** Age _____

Date Of Birth _____ Food Allergies **none** _____

Do You Have A Friend In The Same Grade
That You Would Like To Be With? **yes / no** _____
What Is Your Friend's Name? _____

Parent's First Name _____ Parent's Last Name _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Email _____

Parent's Phone _____ Emergency Contact Name _____

Church Affiliation _____ Emergency Contact Phone _____

Comments: _____ Emergency Contact Relationship _____