



REGISTRATION FORM

2020-2021

Rose Hill Bible Church
1410 N Main, Rose Hill KS 67133

for 3 year olds through 6th grade

We meet Sundays 6-7:45 PM

Parent Information

Father's Name _____ Mother's Name _____

Father's Cell _____ Mother's Cell _____

Preferred Email _____

Where can you be found while your children are in our care?

Street Address _____

City _____ State _____ Zip _____

Church Home _____

Child Information

First Name _____ Grade _____

Last Name _____

Birthdate ___/___/___ Age _____ Gender M F

Allergy or special needs _____

First Name _____ Grade _____

Last Name _____

Birthdate ___/___/___ Age _____ Gender M F

Allergy or special needs _____

First Name _____ Grade _____

Last Name _____

Birthdate ___/___/___ Age _____ Gender M F

Allergy or special needs _____

First Name _____ Grade _____

Last Name _____

Birthdate ___/___/___ Age _____ Gender M F

Allergy or special needs _____

Parents Medical Release and Permission

In case of accident, I prefer:

_____ Administer First Aid and secure medial attention needed

_____ Administer First Aid and call me before medical attention is given

I understand that I will not hold Rose Hill Bible Church responsible for any injuries or accident and I give my permission for my child/children to participate. I understand that any photography taken of my child/children is used only for RHBC media.

Parent Signature _____