

**Broadmoor Baptist Church**  
**2019 Summer Music Camp - June 3-7 (9 a.m.– 5 p.m.)**

**CHILD INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Grade in Fall \_\_\_\_\_  
Does your child have any allergies? If yes, please explain. \_\_\_\_\_  
Is your child on any medications? If yes, please explain. \_\_\_\_\_

**FAMILY INFORMATION**

**Parent/Guardian**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_  
Employment \_\_\_\_\_ Hours \_\_\_\_\_  
Church Attending \_\_\_\_\_

**Parent/Guardian**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_  
Employment \_\_\_\_\_ Hours \_\_\_\_\_  
Church Attending \_\_\_\_\_

**EMERGENCY INFORMATION**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Persons to call in case of emergency (other than parents)  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Would your child like to audition for a main part? Yes \_\_\_ No \_\_\_ (you will be contacted about audition time.)**

**Will your child participate in the performance on the 7th at 7 p.m.? Yes \_\_\_ No \_\_\_**

**Will your child need early care? Yes \_\_\_\_\_ (\$5 per child per day. Begins at 8:15 a.m.)**

Camp Cost and T-shirt: \$90

Youth T-shirt Size: S M L XL

Paid: Cash \_\_\_\_\_ Check# \_\_\_\_\_