

The Blast! 2019

The Blast! is for students entering
5th-7th grades, fall 2019



9am-12:15pm

JULY 22-26

Cost: \$5 per student, 5th-7th grades.

To register: turn this form & *payment* in at the children's registration desk or office. Also, mail to Trinity Church.

Note: Electives are assigned in order as registrations are received.

Choose your top 5 elective options in order (1-5).

You'll have the choice of **2 electives** for the week. Many electives have **limited spaces**, so students are assigned on a **first-registered basis**.

_____ Archery

_____ Cupcake Decorating

_____ Drawing / Painting

_____ Drama

_____ DIY Crafts

_____ Escape Room

_____ Game Room

_____ Group Games

_____ Sewing

_____ Team Sports

_____ Woodworking

_____ Project Engineering

_____ Rhythm & Music

Parent Information

First Name _____ Last Name _____ Gender M F

Email _____

*Please print your e-address.
This will be our main contact.*

Street Address _____

City, State, Zip _____ Mobile Phone _____

I'm interested in serving this week: Yes or No

I have students (8th grade & older) interested in serving this week: Yes or No

Please provide contact information for 2 people. In the event of an emergency, please call:

(1) _____

(2) _____

At the end of the day, your child will only be released to you or the individuals listed here (please include first and last names): _____

Child #1 Information

First Name _____ Last Name _____ Gender M F

Birthdate _____ Grade (entering fall 2019): _____

I'd like to be in a room with my friend: _____

Friend or Child of Parent listed above: Friend or Child

Medical allergies / special needs. Include information we need to know about your child, including medical allergies: _____

Child #2 Information

First Name _____ Last Name _____ Gender M F

Birthdate _____ Grade (entering fall 2019): _____

I'd like to be in a room with my friend: _____

Friend or Child of Parent listed above: Friend or Child

Medical allergies / special needs. Include information we need to know about your child, including medical allergies: _____

Child #3 Information

First Name _____ Last Name _____ Gender M F

Birthdate _____ Grade (entering fall 2019): _____

I'd like to be in a room with my friend: _____

Friend or Child of Parent listed above: Friend or Child

Medical allergies / special needs. Include information we need to know about your child, including medical allergies: _____

Child #4 Information

First Name _____ Last Name _____ Gender M F

Birthdate _____ Grade (entering fall 2019): _____

I'd like to be in a room with my friend: _____

Friend or Child of Parent listed above: Friend or Child

Medical allergies / special needs. Include information we need to know about your child, including medical allergies: _____

Child #5 Information

First Name _____ Last Name _____ Gender M F

Birthdate _____ Grade (entering fall 2019): _____

I'd like to be in a room with my friend: _____

Friend or Child of Parent listed above: Friend or Child

Medical allergies / special needs. Include information we need to know about your child, including medical allergies: _____
