

# 2018-2019

## FIRST BAPTIST CHURCH OF FORT MEADE CHILDREN'S MINISTRY REGISTRATION FORM

**PERSONAL INFORMATION:**

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONTACT INFORMATION:**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Van Rider: Yes

**STUDENT INFORMATION:**

Full Name of Child	Male/ Female	Date of Birth (mm-dd-yyyy)	Current Grade Level	School Child Attends	Can your child read? (yes or no)	Shirt Size
1.						
2.						
3.						
4.						
5.						

Please indicate any **physical limitations, allergies, medications** or **special needs** for each child

- Child 1 \_\_\_\_\_
- Child 2 \_\_\_\_\_
- Child 3 \_\_\_\_\_
- Child 4 \_\_\_\_\_
- Child 5 \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

List of people authorized to pick up your child(ren) other than parents & emergency contact **NO WALKERS**

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Do you attend church? If so, where \_\_\_\_\_

My child/children has permission to be photographed during Children's Ministry activities for use by the FBC of Fort Meade for website, social media, church literature, bulletin boards and/or presentations.

Yes or  No

Signature \_\_\_\_\_

Date \_\_\_\_\_