

CREW 252 Registration

First Baptist Terrell 403 N. Catherine St. 972-563-7561

Household Last Name: _____ Address: _____ City: _____ Zip: _____

Parent/Guardian First Name: _____ Relationship _____ Phone: _____ Phone Type: _____

Parent/Guardian First Name: _____ Relationship _____ Phone: _____ Phone Type: _____

Parent Email: _____

We use text reminders to keep you updated on weekly happenings. To sign up for these reminders:
please text the message @**aca74** to the number **81010**

Home Church: _____

Emergency Contact (other than Parent/Guardian)

Name: _____ Evening Phone: _____

Name: _____ Evening Phone: _____

1. Child's Name: _____ Nickname: _____

Gender: M F D.O.B. _____ Age: _____ Grade: _____ Allergies: _____

2. Child's Name: _____ Nickname: _____

Gender: M F D.O.B. _____ Age: _____ Grade: _____ Allergies: _____

3. Child's Name: _____ Nickname: _____

Gender: M F D.O.B. _____ Age: _____ Grade: _____ Allergies: _____

4. Child's Name: _____ Nickname: _____

Gender: M F D.O.B. _____ Age: _____ Grade: _____ Allergies: _____

5. Child's Name: _____ Nickname: _____

Gender: M F D.O.B. _____ Age: _____ Grade: _____ Allergies: _____

