

First Baptist Church

428 W Cota Street

Shelton, WA

Children's Ministry Registration Form

Names of Parents or Guardians: _____

Address: _____ Zip _____

Phone: _____ Cell # _____

Email: _____

Church Regularly Attending _____

Emergency Information

Emergency Contact Name: _____ Phone # _____

Relationship _____ Cell # _____

Family Doctor _____ Phone # _____

Medical Insurance Plan _____ Group # _____

We as parents authorize the below named participant(s) to be photographed, and the photos to be used for event or organization publicity. Yes [] No []

Child's Name _____

Age _____ Date of Birth ____/____/____ Gender M F Grade _____

Food Allergies or Special Needs _____

Child's Name _____

Age _____ Date of Birth ____/____/____ Gender M F Grade _____

Food Allergies or Special Needs _____

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