



The First Baptist Church

Church School Registration Form

September 2010 to June 2011

Child's Name: _____

Birthdate: _____ Age: _____ Grade in School: _____

Name of Parents/Guardians: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Work Phone: _____

Child's special interests/activities: _____

Siblings attending Church School (names/ages): _____

Names of individual to whom child can be released:

1. _____ 2. _____

3. _____ 4. _____

In case of emergency, contact: _____ at _____

If Church School is in need of help in the following area, give me a call:

Driving

An extra pair of hands if someone is away

Telephoning

Prayer support

Donate supplies

My suggestion: _____

Shop for supplies

Food for special occasions

Sorry, I am unable to help at this time

(Continued on reverse)

Is there any other information that would assist us in working with your child?

MEDICAL RELEASE

Child's name: _____ Date of Birth: _____

Physician's Name: _____ Physician's Phone: _____

Preferred Hospital: _____

I, _____, give permission for _____
(Parent/Guardian's name) (Child's name)

to receive medical treatment during the time that he/she is under the care and supervision of The First Baptist Church, Worcester. I understand that reasonable care will be taken by all volunteers and staff of The First Baptist Church in making decisions regarding medical treatment for my child after attempts have been made to contact me or other emergency contacts.

Allergies to food, medicine, or other: _____

Parent/Guardian Signature: _____ Date: _____