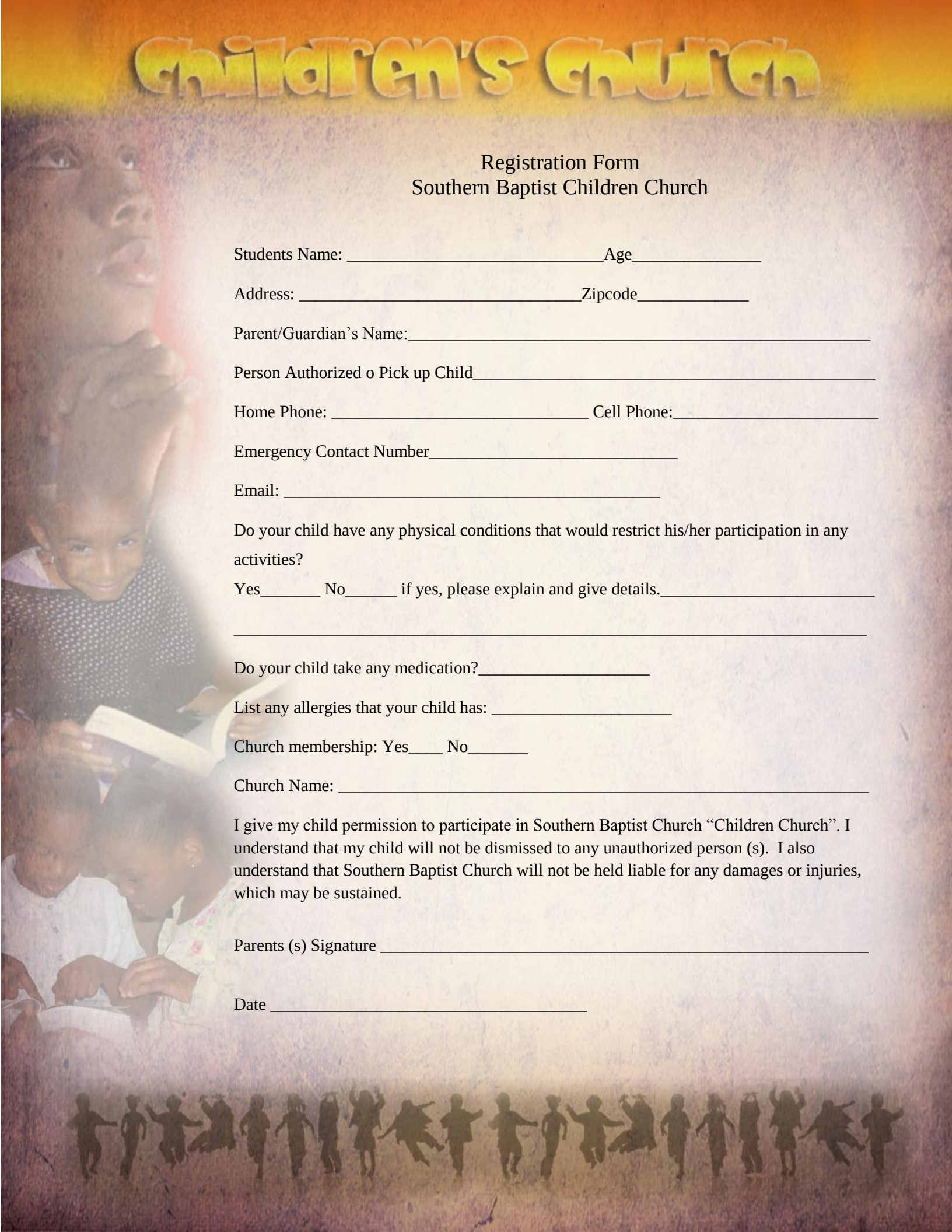

Registration Form
Southern Baptist Children Church

Students Name: _____Age_____

Address: _____Zipcode_____

Parent/Guardian's Name:_____

Person Authorized o Pick up Child_____

Home Phone: _____ Cell Phone:_____

Emergency Contact Number_____

Email: _____

Do your child have any physical conditions that would restrict his/her participation in any activities?

Yes_____ No_____ if yes, please explain and give details._____

_____

Do your child take any medication?_____

List any allergies that your child has: _____

Church membership: Yes____ No_____

Church Name: _____

I give my child permission to participate in Southern Baptist Church "Children Church". I understand that my child will not be dismissed to any unauthorized person (s). I also understand that Southern Baptist Church will not be held liable for any damages or injuries, which may be sustained.

Parents (s) Signature _____

Date _____