



REGISTRATION FORM

(One per child)

First Baptist Church
grace for all

Child's Name: _____ Child's Age: _____

Date of Birth: _____ Last Grade Completed: _____

Name of Parents: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____

Email address: _____

Home Church: _____

Emergency Info:

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Primary Phone: (_____) _____ - _____ Secondary Phone (_____) _____ - _____

Relationship to child: _____

Photo Release:

I grant First Baptist Church of Clinton, IA permission to use photographs of my child named above in its publications (newsletters, emails, bulletins, slideshows, etc.) including website entries.

Parent/Guardian Name (Printed): _____

Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Crew Number: _____