



## Wednesdays @ First Baptist Children's Choir & Missions Registration 2010-2011

Please provide a completed form for *each* child that will be involved in Children's Choir & Missions activities on Wednesdays at First Baptist.

Name \_\_\_\_\_

\*\*\*\*Email address \_\_\_\_\_\*\*\*\*\*

**WE PLAN TO COMMUNICATE WITH YOU THIS YEAR VIA E-MAIL.  
IF THIS PRESENTS A PROBLEM FOR YOU, PLEASE INDICATE HERE:**

\_\_\_\_\_ SORRY, EMAIL IS NOT AN OPTION FOR US AT THIS TIME

Address \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (zip)

Child's birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

Parents or Guardian \_\_\_\_\_

Phone numbers: \_\_\_\_\_ (home)

\_\_\_\_\_ (father's work) \_\_\_\_\_ (mother's work)

\_\_\_\_\_ (father's cell) \_\_\_\_\_ (mother's cell)

Allergies or other special needs: \_\_\_\_\_

Adult responsible for child on Wednesday evening: \_\_\_\_\_

Where will the responsible adult(s) be during Wednesday night activities if a need arises?

I grant permission for my child's photo to be used on the FBC website or in other FBC promotional materials.

\_\_\_\_\_  
Parent or Legal Guardian Date