



# The First Baptist Church

## Church School Registration Form

### September 2009 to June 2010

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?

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**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: \_\_\_\_\_