

# Dalzell Baptist Church

## Contact Information & Registration Form

Child's Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
*(just completed)*

\_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
*(just completed)*

\_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
*(just completed)*

\_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
*(just completed)*

\_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
*(just completed)*

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Medical or other information we need to know. (Please include any food allergies.) Use back of form, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Church: \_\_\_\_\_

Individuals authorized to pick up child(ren):

\_\_\_\_\_

Do you attend Sunday School? If so where?

\_\_\_\_\_

If you are visiting our church, who are you a guest of?

\_\_\_\_\_

May we have permission to photograph your child(ren)? \_\_\_\_\_

May we have permission to use your child's photograph for the purpose of promotion or on our church web site? \_\_\_\_\_