

First Baptist Church Rock-Solid Followers Reading Club Registration Form



Check here if
child has allergy
or other medical
condition.

Name: _____ Birth date: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Cell Phone(s): _____

Parent's work phone: _____

E-mail: _____

Parent(s) name(s): _____

In case of an emergency, contact: _____

Emergency contact phone: _____

Allergies or other medical conditions: _____

School grade just completed: _____

Name of Church, if any: _____

I hereby **GRANT** or **DO NOT GRANT** (please circle one) permission for
FIRST BAPTIST CHURCH OF MAINISTIQUE to use pictures of my child
_____ (name of child)

on their website for informational or promotional purposes.

_____ (parent signature)