



SIXTH AVENUE BAPTIST CHURCH

Registration Form

Please complete one for per child. Thank You!

LAST NAME: _____ FIRST NAME: _____

AGE: _____ DATE OF BIRTH: _____

CHILD'S GRADE: _____ GENDER: MALE FEMALE

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MOTHER'S/GUARDIAN'S NAME: _____

PHONE: _____ EMAIL: _____

FATHER'S/GUARDIAN'S NAME: _____

PHONE: _____ EMAIL: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

Does your child have any allergies or medical condition(s) that we should be aware of (Please be advised that we are not allowed to dispense medications)?: _____

Please check yes or no to the questions below.

Has your child been baptized? Yes No

Is your child a member of Sixth Avenue Baptist Church? Yes No

PHOTO RELEASE AGREEMENT Please initial one statement below:

_____ I authorize Sixth Avenue Baptist Church to use my child's photo or likeness on the church's website, printed publications and/or video.

_____ I DO NOT authorize Sixth Avenue Baptist Church to use my child's photo or likeness on the church's website printed publications and/or video.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____