

# Registration Sheet for Fern Creek Baptist Church Wonderful Wednesday 2024

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

## **Contact Information:**

Parents/Guardians Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dad Cell \_\_\_\_\_ Email \_\_\_\_\_

Mom Cell \_\_\_\_\_ Email \_\_\_\_\_

Does your child attend Sunday School or worship anywhere? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_

May we have permission to photograph your child for church publications or website?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

List the allergies and reactions \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Who may pick up your child from their class?

\_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_