

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? _____