

Rock Bridge Baptist Church
Children's Ministries
Registration Form



REGISTRATION INFORMATION

A registration form needs to be completed for each child.

CHILD'S INFORMATION

Child's Name _____
Birth date _____ Age _____ Boy/Girl _____
Address _____
City/Zip Code _____
E-mail address _____
Language spoken at home _____ Grade level entering _____
Church home _____
Allergies/Special Needs/Security Issues of your child that need
to be communicated _____
Child's Parent/Guardian _____
Home phone _____ Cell/pager _____

PEOPLE AUTHORIZED TO PICK-UP YOUR CHILD FROM ROCK BRIDGE BAPTIST CHURCH

Name _____
Phone number _____
Name _____
Phone number _____