

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 _____