

Family Registration Form



First Baptist Porter

281-354-3339

www.fbcporter.com

Club Year: 2010 - 2011

PARENT/GUARDIAN INFO

Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____

Persons (other than parents) authorized to pick up the children:

Contact Information

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Do you text message? [] Yes [] No
E-Mail: _____
Other: _____

STUDENT INFO

Child's Name (First and Last)	Birth Date	Gender	Grade	Cubbies 3-5 yrs	Sparks K-2nd	T&T 3rd-6th	Has Uniform	Has Handbook
_____	_____	_____	_____	[]	[]	[]	[]	[]
_____	_____	_____	_____	[]	[]	[]	[]	[]
_____	_____	_____	_____	[]	[]	[]	[]	[]
_____	_____	_____	_____	[]	[]	[]	[]	[]
_____	_____	_____	_____	[]	[]	[]	[]	[]
_____	_____	_____	_____	[]	[]	[]	[]	[]

MEDICAL INFO (allergies, medicines, special needs)

Comments / Questions

Doctor's Name: _____ Phone: _____
Emergency Contact (other than parents) _____ Phone: _____
ALT Phone: _____

CHURCH INFORMATION

Does your family attend a church? [] Yes [] No

If yes, what church _____ City _____

For Office Use Only

[] Fee Paid Check#: _____ Cash _____ Amount: \$ _____