



Family Registration Form 2017-2018

Date _____

Parents Name _____

Child(ren)'s Name(s)

_____ Birthdate _____ Allergies _____ Class _____

_____ Birthdate _____ Allergies _____ Class _____

_____ Birthdate _____ Allergies _____ Class _____

_____ Birthdate _____ Allergies _____ Class _____

Address _____ City _____

State _____ Zip Code _____

Preferred Phone# _____ Text- yes _____ no _____

Alternate Phone# _____ Text- yes _____ no _____

Email address _____

First Baptist Church of Lee's Summit has my permission to use my or my child's photograph publically. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent Signature _____
(Please sign for either yes or no)

_____ I do NOT give permission for my child's image to be used.

PLEASE COMPLETE FORM BELOW INDICATING PARENT LOCATION BY ROOM NUMBER FOR EACH TIME NOTED. This will help us find you should your child need you before regular pick-up times.

Mom/Dad/ Other Adult	Sunday 8:30	Sunday 9:45	Sunday 11:00	Worship Area	Wed Night Locations

