

**REGISTRATION FORM
2010-2011
CENTRAL BAPTIST CHURCH OF BEARDEN
SCHOOL AGE CARE**

Full name of child _____
(Last) (First) (Middle)

Child's Birthdate _____ Parents Divorced? Yes ___
No ___

Mother's Name _____

Father's Name _____

If so, who has primary
custody of the child?

Address _____ Zip _____

Phone Number (Home) _____ (Work) _____

Do you attend Central Baptist Church of Bearden? _____ YES _____ NO

If not, where do you attend? _____

Person(s) to whom child may be released _____

Name of persons authorized to act for parents in case of emergency:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Does your child have any allergies? (List) _____

Should child's physical activities be limited? _____ Yes _____ No

The Central Baptist Church of Bearden School Age Program follows a policy of racial
nondiscrimination.

(CHURCH USE ONLY)

Date child enrolled _____ Date withdrawn _____

Reason for withdrawal _____