



First Baptist Church  
Rockport, MA

## Children's Church & Nursery 2017-2018 School Year

### Registration Form

*Each student must have a registration form completed in order to attend*

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Name of Parent(s) or Legal Guardian \_\_\_\_\_

Student's Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work/Home Phone \_\_\_\_\_

E-Mail (PRINT) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number for Emergency Contact \_\_\_\_\_

Please list allergies or health conditions \_\_\_\_\_

\_\_\_\_\_

I permit my child to be picked up by \_\_\_\_\_

Pictures of my child may be used in future promotional material for Rockport Baptist. Yes \_\_\_ No \_\_\_

My Child has permission to attend and participate in Children's Church at the Rockport Baptist Church.

Signature of Parent or Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

This registration may be mailed to the Rockport Baptist Church, 4 High Street, Rockport, MA 01966