

First Baptist Church After School Program Enrollment Form



Child's Information: Name _____

Sex (Circle One): Male Female Age _____ Birthdate _____

Address _____ City _____ Zip _____

Home Phone Number _____

Child's Living Arrangements Both Parents Mother Father Other: _____

Child's Legal Guardian(s) Both Parents Mother Father Other: _____

Mother's Information: Name _____

Address (if different from child) _____

Cell Phone _____ Email _____

Place of Employment _____ Business Phone _____

Employer Address _____

Father's Information: Name _____

Address (if different from child) _____

Cell Phone _____ Email _____

Place of Employment _____ Business Phone _____

Employer Address _____

The child may be released to the person signing this agreement or to the following:

Name	Address	Phone Number

Emergency Contact Information

Name	Relationship to Child	Phone Number

Name of the public or private school your child attends:

Grade: _____