

First Church of Christ Bible Buddies 2013-14 Registration

(one per child completed by parent)

In order for us to stay connected to you and your family and to keep you informed of all the youth activities available for your child and to have emergency contact information please fill in this registration form completely.

Child's Name: _____ Child's Gender: Male Female

Date of Birth: _____ Current Age: _____ Last School Grade Completed: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Parent/Guardian Name: _____

Telephone: _____ Email: _____

Parent/Guardian Name: _____

Telephone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone: _____

Allergies or other medical conditions: _____

What is your home church? _____

Would you like more information about First Church of Christ? Yes No