



## F.B.C. TeamKID Family Registration Form

### PARENT INFORMATION

NAME: 1. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: 1. \_\_\_\_\_ CELL PHONE: 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

ADDRESS: 1. \_\_\_\_\_

2. \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: 1. \_\_\_\_\_

2. \_\_\_\_\_

### MEDICAL ATTENTION PERMISSION SLIP

I, \_\_\_\_\_, hereby authorize my child (or children) as listed below, to receive the necessary medical attention needed if injury or illness should occur while attending TeamKID at First Baptist Church of Covington. I can be notified by calling one of the two emergency numbers listed below:

Emergency Numbers:

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### CHILD INFORMATION

Please list each child's name, birthday and grade.

NAME OF CHILD	BIRTHDATE	ALLERGIES	GRADE	T-shirt Size