LBC Children's Ministry

School Year Programming

Registration Form

(one form per child)

First Name:_____

Last Name:_____

Grade (in the fall): Preschool K 1 2 3 4 5

Birthdate (dd/mm/yyyy):____/_____/_____

School:_____

Parent/Guardian Name(s): _____

_____

_____

Home Phone: _____

Cell Phone:_____

Street Address: _____

City:_____

State: _____ Zip: _____

List all people who may pick up your child:

Name Relation

_____

_____

_____

_____

_____

_____

Can your child walk home? Yes No

Will your child need bus service? Yes No

(Limited to the first 26 children)

Medical or other information we need to know (including food allergies and/or special needs):

_____

_____

_____

I am registering for the following programs:

_____ High Sea Expedition 6-8 pm
(Aug. 18, 25, Sept. 1)

_____ TeamKID 5:15- 7:30 (Wednesdays)

_____ Sunday School 9:30 am (Sunday)

_____ Children's Church 10:45 am (Sunday)

_____ Nursery 9:30 am- 12 pm (Sunday)

_____ Youth Group (Grade 6-12 only)

Parents are a vital part of what we do at LBC! If you'd like to help out in any of the following areas, please indicate below:

_____Teaching
Age level: _____

_____Assistant Teaching
Age level: _____

_____Substitute Teaching

_____TeamKID Leader

_____Sunday School

_____Children's Church

_____Nursery Volunteer

_____Creative Arts

_____Music

_____ Youth Group

_____Administrative Duties (mailings, copying)

_____Other: _____

I hereby consent to have my son/daughter participate in activities at Latonia Baptist Church. I also grant my permission for medical treatment and procedures as deemed necessary in case of an emergency.

_____

Parent/Guardian Signature

_____

Date

_____

LBC Approval Signature (For LBC use only)