



Green Street Baptist Church

Child/Student Info

Date: _____
 Child/Student's Name: _____ Sex: Male Female
 Address: _____
 City: _____ State: _____ Zip: _____
 Birthdate: _____ Age: _____ Current Grade: _____
As of Sept 1st As of Sept 1st
 Allergies: _____
 Siblings (Name/Age): _____

Parent Info

Parent/Guardian's Names: _____
 Email(s): _____
 Home Phone: _____
 Cell Phone(s): _____
 How would you like to be contacted if needed? Call Cell Text Cell Other _____
 Church You Attend: _____

Security Info

Emergency Contact Name: _____ Relationship: _____
Other than Parent/Guardian (To Child/Student)
 Emergency Contact Phone: _____
 Any special concerns or instructions: _____
 Brought by: _____
 The following have permission to pick up my child/student: _____

 Parent/Guardian's Signature: _____

Office Use Only

Age/Grade on Sept 1st:

Cubbies <input type="checkbox"/> 3's <input type="checkbox"/> 4's		Payment-\$30 <input type="checkbox"/> check# _____ <input type="checkbox"/> cash
Sparks <input type="checkbox"/> 5K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	T&T <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	

