



First Baptist Church
300 W. UPshur Ave.
Gladewater, Tx 75647
903-845-2171

CLUB 252 2020-2021 REGISTRATION FORM

Child's Name: _____

Date of Birth: _____ Age: _____ Grade in School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parents'/Guardians' Names: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parents'/Guardians' email: _____

Parents'/Guardians' Address (if different from child's):

City _____ State _____ Zip: _____

In case of emergency, should we notify the Parent/Guardian listed above: ____ Yes ____ No
List alternate or additional emergency contacts below:

Name: _____ Phone: _____

Name: _____ Phone: _____

DISMISSAL INFORMATION: Who may pick up your child at the end of Club 252 each week?

May we have permission to photograph your child? ____ Yes ____ No

May we have permission to use this photograph in church publications (e.g., slideshows, newsletters, newspaper articles, brochures, etc.)? ____ Yes ____ No

Does your child have any ALLERGIES (include medication, food, environmental, latex, etc.):
_____ Yes _____ No

If yes, please list allergies on the back, along with any necessary medications, type of reaction, and steps to take if reaction occurs. Thank you!