

REGISTRATION FOR SUMMER PLAYCATION DAYS, FBC, AUGUSTA

(to be completed by office)

___ Babies ___ Toddlers ___ 2A ___ 2B ___ 3A ___ 3B ___ 4's

___ TUESDAY ___ THURSDAY (please check day(s) to be enrolled)

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # _____ SEX _____

FATHER'S NAME _____ WORK# _____ CELL _____

MOTHER'S NAME _____ WORK# _____ CELL _____

NAMES & AGES OF SIBLINGS _____

PREVIOUS PROGRAM ATTENDED _____

CHURCH MEMBERSHIP _____

CHILD'S DOCTOR _____ PHONE # _____

HOSPITAL PREFERENCE _____

PERSONS AUTHORIZED TO ACT IN CASE OF EMERGENCY

_____ PHONE _____

_____ PHONE _____

ALLERGIES / HEALTH PROBLEMS _____

TO BE COMPLETED BY OFFICE –

AMOUNT DUE FOR SUMMER _____

SIBLINGS CLASS _____

REGISTRATION FOR CLIMBERS' CLUB, FBC, AUGUSTA

(to be completed by office)

YOUNGER CLASS _____ **OLDER CLASS** _____

TUESDAY and THURSDAY

CHILD'S NAME _____ **BIRTHDATE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

HOME PHONE # _____ **SEX** _____

FATHER'S NAME _____ **WORK#** _____ **CELL** _____

MOTHER'S NAME _____ **WORK#** _____ **CELL** _____

NAMES & AGES OF SIBLINGS _____

PREVIOUS PROGRAM ATTENDED _____

CHURCH MEMBERSHIP _____

CHILD'S DOCTOR _____ **PHONE #** _____

HOSPITAL PREFERENCE _____

PERSONS AUTHORIZED TO ACT IN CASE OF EMERGENCY

_____ **PHONE** _____
_____ **PHONE** _____

ALLERGIES / HEALTH PROBLEMS _____

TO BE COMPLETED BY OFFICE –

AMOUNT DUE FOR SUMMER _____

SIBLINGS CLASS _____