

FIRST BAPTIST CHURCH OF DACULA

PARENT'S NIGHT OUT CHILD CARE MINISTRY - REGISTRATION FORM

| | | |
|--------------------|-----------|-------------|
| Child's Name _____ | Age _____ | Grade _____ |
| Child's Name _____ | Age _____ | Grade _____ |
| Child's Name _____ | Age _____ | Grade _____ |
| Child's Name _____ | Age _____ | Grade _____ |

Parent Name _____

Phone _____

Please list the number/s we'll be able to reach you at while your child is here.

Address _____

Parent Name _____

Phone _____

Please list the number/s we'll be able to reach you at while your child is here.

Address _____

Person/s Authorized to Pick Up from Child Care:

Dietary Restrictions: _____

Anything else we may need to know about your child.

Toileting Needs: (Please indicate which child by putting their initials in the line, or use the word all, if all your children fall into the same category.)

| | |
|-------------------------------|-------------------------------|
| _____ Totally Independant | _____ Needs Reminders |
| _____ Needs Help with Clothes | _____ Needs Help with Hygiene |

I am currently a member at _____

_____ I do not have a church home.

_____ I would like more information about First Baptist Church of Dacula.

_____ I would like to be contacted by First Baptist Church of Dacula.