

**REGISTRATION FORM  
CENTRAL BAPTIST CHURCH OF BEARDEN  
SCHOOL AGE CARE**

Full name of child \_\_\_\_\_  
(Last) (First) (Middle)

Child's Birthdate \_\_\_\_\_ Parents Divorced? Yes \_\_\_\_\_  
No \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_ If so, who has primary  
custody of the child?

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Do you attend Central Baptist Church of Bearden? \_\_\_\_\_ YES \_\_\_\_\_ NO

If not, where do you attend? \_\_\_\_\_

Person(s) to whom child may be released \_\_\_\_\_

Name of persons authorized to act for parents in case of emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies? (List) \_\_\_\_\_

Should child's physical activities be limited? \_\_\_\_\_ Yes \_\_\_\_\_ No

The Central Baptist Church of Bearden School Age Program follows a policy of racial  
nondiscrimination.

**(CHURCH USE ONLY)**

Date child enrolled \_\_\_\_\_ Date withdrawn \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

SAC