

# 2017-2018 MUSIC AND MISSIONS REGISTRATION FORM

FIRST BAPTIST CHURCH, SOUTHERN PINES

Child's Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Grade for 2017-2018 school year: \_\_\_\_\_

Parent or legal guardian's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
City State Zip

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_  
Home Work Cell

Emergency contact name: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Allergies/medical conditions of which we should be aware: \_\_\_\_\_

\_\_\_\_\_  
*(Students with severe allergies are encouraged to bring their own snack.)*

Safety precautions: \_\_\_\_\_

May we photograph your child?      Yes    No

**First Baptist Church**  
200 East New York Avenue, Southern Pines, NC 28387  
(910) 692-8750 • [www.fbcsp.org](http://www.fbcsp.org)