

2018-2019 MUSIC AND MISSIONS REGISTRATION FORM

FIRST BAPTIST CHURCH, SOUTHERN PINES

Child's Name: _____

Child's Birth Date: _____ Grade for 2018-2019 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