

FBC

SOUL Patrol

Seeking Out U Lord

Youth Ministry

CHILD APPLICATION

Child's Name: _____ Gender: M F

Date of Birth: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN CONTACT INFORMATION:

Parent/Guardian Name: _____

Relationship to Child: _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACTS:

Name: _____ Name: _____

Cell Phone: _____ Cell Phone: _____

Does your child have any allergies, health concerns, or special needs that our leaders should be aware of?

YES ___ NO ___ If yes, please explain: _____

How will your child return home after SOUL Patrol?

Parent/Adult Pick Up: _____

Walk _____

Please list any individuals who may pick up your child: _____

____ I give permission for my child to participate in SOUL Patrol children's ministry activities, and understand First Baptist Church staff and volunteers are not responsible for any accidents or injuries that may occur.

____ I give permission for my child to attend outings sponsored by SOUL Patrol children's ministry.

____ I give permission for my child to be photographed for the purpose of posting on the church website or in the newspaper.

Parent/Guardian signature: _____ Date: _____