



A FREE Children's Program of
The First Baptist Church
Mount Shasta

FOR CHILDREN 1st-6th GRADE
2011-2012 Season
Wednesday Nights Sept 21st-
May 9th from 6:00pm-7:30pm
(w/ holiday breaks)
At First Baptist on Lassen Lane



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-REGISTRATION FORM-

(one per child)

CHILD'S INFO:

First & Last Name: _____

Boy ___ / Girl ___ Birthday: ___/___/___ Grade Level _____

HOUSEHOLD INFO:

Parent/Guardian Names _____

Address: _____

City _____ State _____ Zip _____

Email Address: _____

Best Contact Phone: _____

Church Name (if applicable) _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Who may pick up your child at the end of TeamKID? _____

MEDICAL INFO:

Food Allergies: _____

Insurance Company: _____

Policy Number: _____

In case of an emergency, if I am unable to be reached, permission is granted to seek emergency medical treatment for the child named above.

Parent/Guardian Signature: _____

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