



First Baptist Church Madisonville Children's Registration Form

Date _____

Child's Information:

Child's Full Name: _____

Date of Birth: _____

Sex: Male Female

ALLERGIES: _____

POTTY TRAINING: Yes No PACIFIER: Yes No

NAP: Yes No If yes, what time? _____

SNACK / DRINK allowed: _____ parent provided: Yes No

SPECIAL INSTRUCTIONS: _____

Siblings and age: _____

Parent Information:

Parent or Guardian Full Name: _____

Address _____

Phone (home) _____ (cell) _____

Email _____

Member or Visitor

Who brings the child to church usually? _____

Where will you be during church hours in case of emergency? _____

Someone else to contact in case of Emergency:

Name: _____ Phone: _____

Address _____

Thank you for entrusting your child to us as you come to worship here at FBCM!