

# FIRST BAPTIST CHURCH OF NORTH ADAMS

## † SUNDAY SCHOOL REGISTRATION—YOUTH (K-5) †

### ▪ CHILD(REN) ▪

#### CHILD #1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### CHILD #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### CHILD #3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### ▪ FAMILY ▪

#### Mother:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

#### Father:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### ▪ ADDITIONAL INFORMATION ▪

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies?: \_\_\_\_\_ Medications?: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FIRST BAPTIST CHURCH OF NORTH ADAMS

## † PARENTAL CONSENT FORM †

**NAME(S) OF MINORS:** \_\_\_\_\_

### TRIPS:

† I/We hereby give permission for my/our child(ren) to attend and participate in activities sponsored by the Youth & Children's Ministries of First Baptist Church North Adams (FBCNA).

† I/We understand that some of these activities will take place at the church, while other activities may require traveling to other locations.

† I/We authorize my/our child(ren) to be transported by the caregivers at FBCNA in designated vehicles for all trips. When necessary, I/we also authorize my/or child(ren) to be transported across state lines and national boundaries when participating in activities.

† I/We also give my/our child(ren) permission to participate in activities that involve overnight stays.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PHOTOS:

† I/We give permission to FBCNA to photograph my/our child(ren) and use these photographs in all forms of media, and for any and all promotional purposes including advertising, display, audiovisual, exhibition, or editorial use.

† I/We consent to the use of the name of the child(ren) in connection with the photographs, if needed, and I/we understand that I/we will not be financially compensated for their use.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### MEDICAL TREATMENT:

† I/We authorize any adult advisor or chaperone to administer over-the-counter medication and/or first aid, should the need arise.

† I/We authorize an adult, in whose case the minor(s) has been entrusted, to consent to X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of a physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

† I/We shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

† Should it be necessary for my/our child(ren) to return home due to medical reasons or otherwise, I/we shall assume all transportation costs.

Medical Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Subscriber: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*FIRST BAPTIST CHURCH OF NORTH ADAMS*  
† YOUTH GROUP REGISTRATION—GRADES 6–12 †

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Facebook:  Yes /  No

▪ FAMILY ▪

**Mother:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Father:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

▪ ADDITIONAL INFORMATION ▪

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies?: \_\_\_\_\_ Medications?: \_\_\_\_\_

Additional Information: \_\_\_\_\_

*FIRST BAPTIST CHURCH OF NORTH ADAMS*  
† SUNDAY SCHOOL REGISTRATION—ADULT †

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

**ADDITIONAL INFORMATION**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies?: \_\_\_\_\_ Medications?: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PHOTOS**

† I give permission to FBCNA to photograph me and use these photographs in all forms of media, and for any and all promotional purposes including advertising, display, audiovisual, exhibition, or editorial use.

† I consent to the use of my name in connection with the photographs, if needed, and I understand that I will not be financially compensated for their use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FIRST BAPTIST CHURCH OF NORTH ADAMS

## † NURSERY REGISTRATION †

### CHILD

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### FAMILY

#### Parent(s):

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_ Work Phone(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

#### Sibling(s):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### ADDITIONAL INFORMATION

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies?: \_\_\_\_\_ Medications?: \_\_\_\_\_

Who is able to pick up your child from the nursery? \_\_\_\_\_

Is your child in the process of potty training? Yes \_\_\_\_\_ No \_\_\_\_\_

How long do you want to let your child cry before we come to get you?

5 min: \_\_\_\_\_ 10 min: \_\_\_\_\_ 15 min: \_\_\_\_\_ use your discretion: \_\_\_\_\_

Occasionally, FBCNA may photograph your child during events or activities, either alone or in groups. Do you give permission for these photographs to be used in all forms of media, and for any promotional purposes including advertising, display, audiovisual, exhibition, or editorial use, and if necessary, their name to be used in connection with these photos? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_