



Canton First Baptist Church Adventure Week Family Registration Form June 23-27, 2014

Completed Kindergarten - 5th Grade only

Child One

Full Name: _____ Age: _____ Date of Birth: _____ T-Shirt Size: _____

Last Grade Completed: _____ School: _____

Medical & Allergy information/Additional information about your child: _____

Child Two

Full Name: _____ Age: _____ Date of Birth: _____ T-Shirt Size: _____

Last Grade Completed: _____ School: _____

Medical & Allergy information/Additional information about your child: _____

Child Three

Full Name: _____ Age: _____ Date of Birth: _____ T-Shirt Size: _____

Last Grade Completed: _____ School: _____

Medical & Allergy information/Additional information about your child: _____

Child Four

Full Name: _____ Age: _____ Date of Birth: _____ T-Shirt Size: _____

Last Grade Completed: _____ School: _____

Medical & Allergy information/Additional information about your child: _____

Parents Full Name(s): _____

Home number: _____ Cell number: _____

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

Email Address: _____

Church Member of: _____