

First Baptist Church Lock-In Registration Form

Location: 236 Harrison Street Petersburg, Va 23803
Contact Info: Rev Betty Jackson (804) 732-2841

FYI: PLEASE BRING A SLEEPING BAG

Section 1: Child's Information

Child's First Name _____ Child's Last Name _____
Age _____ Sex _____ Grade _____ School _____

Section 2: Parent/Guardian Information

Father's Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Mother's Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Section 3: Health Information

Is your child on any medication? _____ If yes, please list the name of the medication and medical condition. _____ Does your child have any allergies? If yes, please explain _____.

Section 4: Emergency Contact

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Section 5: Waiver: please read and sign attached documents

Parents Signature: _____
Date: _____