

GRACE BAPTIST KIDZ B.L.O.X.
2011-2012 REGISTRATION FORM
(Birth - Grade 6)

Family Information Today's Date: _____

Parent's Name(s): _____
(first, last – if different than child's)

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Child(ren) are brought to church by: parents guardians
(see back page)

Child #1 Name: _____
(first) (last)

Birthdate: _____ Age: _____ Grade: _____
Month/day/year

Allergies/Medical/Special Needs: _____

Child #2 Name: _____
(first) (last)

Birthdate: _____ Age: _____ Grade: _____
Month/day/year

Allergies/Medical/Special Needs: _____

Child #3 Name: _____
(first) (last)

Birthdate: _____ Age: _____ Grade: _____
Month/day/year

Allergies/Medical/Special Needs: _____

PLEASE FILL OUT OTHER SIDE OF SHEET

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(first) (last)

Birthdate: _____ Age: _____ Grade: _____
Month/day/year

Allergies/Medical/Special Needs: _____

Child #3 Name: _____
(first) (last)

Birthdate: _____ Age: _____ Grade: _____
Month/day/year

Allergies/Medical/Special Needs: _____

PLEASE FILL OUT OTHER SIDE OF SHEET

I give my permission for photos to be taken of my child for presentations or brochures.
 Yes No

I give permission for my home phone number to be exchange during the buddy program in Kidz Blox.
 Yes No

I would like to be a part of a parents' email for children's ministries (If yes, please provide your email address above):
 Yes No

I would like to be a part of the GBC church email network.
 Yes No

I/we would be willing to serve in children's ministries in some way. Please contact me/us.
 Yes No Already Involved

In what capacity? _____

I give my permission for photos to be taken of my child for presentations or brochures.
 Yes No

I give permission for my home phone number to be exchange during the buddy program in Kidz Blox.
 Yes No

I would like to be a part of a parents' email prayer network for children's ministries (If yes, please provide your email address above):
 Yes No

I would like to be a part of the GBC church email network.
 Yes No

I/we would be willing to serve in children's ministries in some way. Please contact me/us.
 Yes No Already Involved

In what capacity? _____

Signature of parent/guardian: _____

Signature of parent/guardian: _____

For Guardians Only:

For Guardians Only:

Please fill out ONLY if children are brought to church by someone other than parents.

Guardian's Name(s): _____
(first, last)

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Relationship to child(ren): _____

Please fill out ONLY if children are brought to church by someone other than parents.

Guardian's Name(s): _____
(first, last)

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Relationship to child(ren): _____

Please send church info to Parent Guardian Both

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Grace Baptist Church
2670 Radcliffe Dr. SE
Calgary, AB T2A 7M2
235-3636
www.gbccalgary.com

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Office Use Only: Date letter sent: _____ Fam #: _____
 DB gen _____ DB child _____ Nametag _____

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