



DATE OF EVENT _____

FRIDAY NIGHT LIVE REGISTRATION

In addition to the information given below, a **medical release form** is required for each child in case of an emergency requiring medical attention and parents cannot be reached. No child will be accepted into the program without a signed release. These forms will be kept on file and need not be renewed each month. Forms are available in the Preschool office.

Deposit completed registration form with payment attached in the drop box located in the church office.

DEADLINE FOR REGISTRATION IS THE SUNDAY BEFORE THE FRIDAY NIGHT LIVE DATE.

Child's Name _____ DOB _____ Age _____ Grade _____

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Address _____ (Street) _____ (City, St.) _____ (Zip) _____

Parent(s) _____ Telephone _____

Cell Phone _____

Someone to notify in case of emergency:

Name _____ Relationship to child _____

Telephone _____

FBC Member? _____ Visitor? _____ Weekday School? _____ MDO? _____