

SBF Children's Ministry Registration Form

(Return completed form to the church office.)

Child Information:

First Name: _____

Last Name: _____

Birthdate: _____ Grade: _____

School: _____

Allergies/Anything we should know to work with your child:

Parent/Guardian Information:

Name(s): _____

Cell Phone/E-Mail: _____

Relationship to Child: _____

(parent, grandparent, etc.)

Southside
BIBLE FELLOWSHIP



Other Adult(s) Who Can Pick Up Your Child: _____

Home Address (include zip): _____

May we have permission to photograph your child? Yes No

May we use images on our website? Yes No