



First Baptist Church of Winnfield
Children's Activity Family Enrollment Form

Last Name

Parent1

Cell Phone

Parent 2

*Is it Ok to text you with messages relating to FBC ministries at this number? Yes or No

Cell Phone Service Provider: AT&T Verizon T-Mobile Sprint Other: _____
(Circle One)

Home Phone

Authorized Pick Up:

Address:

Primary Email:

Child 1

Child 2

Child 3

Child 4

First Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical/ Allergies:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth day:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Grade:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Swimmer:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
**Good, Fair, Non				
T-Shirt Size	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>