



IMPACT STUDENT MINISTRIES
First Baptist Church of Memphis
910 N. Weaver Avenue
Memphis, MO 63555

STUDENT REGISTRATION FORM

NAME OF CHILD	DATE OF BIRTH	AGE	GRADE LEVEL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian _____

Mailing Address _____

Telephone _____

In case of emergency, contact _____

at telephone number _____

Please list allergies or other medical conditions we should be aware of for your children. Please specify which child these refer to, if more than one child is listed above. _____

I do do not give permission for photos of my child to be used in church videos or other media, such as Facebook or newspaper releases.

 Parent/Guardian signature

 Date