

FBC Children's Weekday Education



A Ministry of First Baptist Church, Georgetown
www.fbcjunglewalk.com

For Office Use Only

Date Pd _____ Amt Pd _____

Start Dt _____ Other _____

Application for Admission

Name _____
first middle last
(Please print name exactly as it should appear on permanent records.)

Name the student goes by: _____ Male Female

Date of Birth _____ Age as of September 1 _____

Father's Information

Father's/Guardian's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Work () _____

Mobile () _____ email _____

Place of Employment _____

Business Address _____

Profession _____ Position _____

Mother's Information

Mother's/Guardian's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Work () _____

Mobile () _____ email _____

Place of Employment _____

Business Address _____

Profession _____ Position _____

Siblings:	Name:	Age:	Grade:	School:

Church Information

Father _____ Member/Regular Attendee Yes No
name of church

Mother _____ Member/Regular Attendee Yes No
name of church

Please check the appropriate choices.

- Applicant attends church regularly
- Parents attend church regularly
- Applicant attends Sunday school

Alternative Contact Information (If we are not able to reach the student’s parents or guardians.)
ASIDE FROM THE STUDENT’S PARENTS OR GUARDIANS LISTED ON THE FRONT OF THIS FORM, ONLY THOSE PERSONS LISTED IN THE SECTIONS BELOW WILL BE ALLOWED TO PICK UP THE STUDENT.

List **LOCAL** relatives, neighbors or friends who are able to pick up your child, in the event you cannot be reached.

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

List at least one relative (**LOCAL OR OUT OF TOWN**) we can contact in the event of an extreme emergency.

Name _____ Phone _____ Relationship _____

Address _____ City/State/Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City/State/Zip _____