



# Registration Card

For security purposes, please complete all applicable fields

ARE YOU (please check at least one):      Looking for a new place to attend church regularly? \_\_\_\_\_

One-time visitor? \_\_\_\_\_      Repeat visitor? \_\_\_\_\_      From out of town? \_\_\_\_\_

Just updating family information? \_\_\_\_\_

Dad: \_\_\_\_\_ DOB \_\_\_\_\_ Cell \_\_\_\_\_

Mom: \_\_\_\_\_ DOB \_\_\_\_\_ Cell \_\_\_\_\_

Family Address: \_\_\_\_\_ Apt/Lot \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

|  |  |
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| <p>1. Child's Name: _____</p> <p>DOB _____ GRADE _____ Boy Girl</p> <p>This child is your: _____ Child _____ Grandchild<br/>         _____ Overnight Guest _____ Niece/Nephew<br/>         _____ Foster _____ Other _____</p> <p>Allergies/ Special Needs: _____</p> | <p>2. Child's Name: _____</p> <p>DOB _____ GRADE _____ Boy Girl</p> <p>This child is your: _____ Child _____ Grandchild<br/>         _____ Overnight Guest _____ Niece/Nephew<br/>         _____ Foster _____ Other _____</p> <p>Allergies/ Special Needs: _____</p> |
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|  |  |
|--|--|
| <p>3. Child's Name: _____</p> <p>DOB _____ GRADE _____ Boy Girl</p> <p>This child is your: _____ Child _____ Grandchild<br/>         _____ Overnight Guest _____ Niece/Nephew<br/>         _____ Foster _____ Other _____</p> <p>Allergies/ Special Needs: _____</p> | <p>4. Child's Name: _____</p> <p>DOB _____ GRADE _____ Boy Girl</p> <p>This child is your: _____ Child _____ Grandchild<br/>         _____ Overnight Guest _____ Niece/Nephew<br/>         _____ Foster _____ Other _____</p> <p>Allergies/ Special Needs: _____</p> |
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By completing this form, I am giving Trinity Baptist Church and its ministries permission to photograph all members listed on this form for the Parent Pager/ Arena Check-in System.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

|  |  |
|--|--|
| <p>5. Child's Name: _____</p> <p>DOB _____ GRADE _____ Boy Girl</p> <p>This child is your: _____ Child _____ Grandchild<br/>         _____ Overnight Guest _____ Niece/Nephew<br/>         _____ Foster _____ Other _____</p> <p>Allergies/ Special Needs: _____</p> | <p>6. Child's Name: _____</p> <p>DOB _____ GRADE _____ Boy Girl</p> <p>This child is your: _____ Child _____ Grandchild<br/>         _____ Overnight Guest _____ Niece/Nephew<br/>         _____ Foster _____ Other _____</p> <p>Allergies/ Special Needs: _____</p> |
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**OTHER AUTHORIZED GUARDIANS (MUST be 18 or older):**

I am authorizing the following adults to drop off and pick up my child or children:

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt/Lot \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_ DOB \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt/Lot \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

NOTE: Above individuals **MUST** be 18 years old or older and will be registered in Parent Pager before being allowed to have access to any child. A photo I.D. maybe required.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date