



MUSIC AND MISSIONS ENROLLMENT FORM



Child's Name: _____

Address: _____

_____ Zip Code: _____

Parents' Name: _____

Parent's Email Address: _____

Phone Numbers: Home: _____

Parent's Cell Number: _____

Date of Birth: _____ Age: _____ Grade: _____

Allergies: _____

Special Needs: _____

School the child attends: _____

Siblings: _____

Church Membership: _____

Parent/Guardian PLEASE SIGN:

Signature _____ Date _____

***First Baptist Church Panama City has my permission to take and publish photos of my child.

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Dr. Craig Conner, Senior Pastor Mrs. Ginger Owens, Minister of Childhood Education

