



MUSIC & MISSION FRIENDS ENROLLMENT FORM



Child's Name: _____

Birthdate: ____/____/____ Age: ____ Grade: ____

Allergies: _____

Special Needs: _____

School Child Attends: _____

Siblings: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Name: _____

Parent's Email: _____

Phone: _____ Alternate Phone: _____

Church Membership: _____

I acknowledge that my signature on this form grants First Baptist Church of Panama City permission to take and publish photos of my child.

Signature

Date