

**Preschool & Children's  
Registration /Information Form  
First Baptist Church Leeds**

Name (child): \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

**Age/Grade: (please circle)**

Baby (under 1)

Toddler 1 2 3 4 years

Grade: Pre-K K 1 2 3 4 5 6

**List any allergy, food allergy, medical conditions or security info:**

\_\_\_\_\_  
\_\_\_\_\_

May we photograph your child for use in publication/social media for use in publication/social media for church promotions?

Yes  No

\_\_\_\_\_  
Printed Parent/Guardian Name(s):

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date