

**First Baptist Newton**  
**Children's Ministry Child Information**



**Child's Name** (*first & last*)

**Gender:** Male                  Female                  **Age**

**Birthday** (*mm/dd/yy*)    **Grade**

**Address**

**City**    **State**    **Zip**

**Contact Info**

**Home Phone**

**Mother's Name**

**Cell Phone**    **Email**

**Father's Name**

**Cell Phone**    **Email**

**Emergency Contact**

**Phone**    **Relationship to child**

**Medical Info**

**Food Allergies**    Y                  N

**List**

**Medical Concerns**    Y                  N

**Explain**

*Please email your completed form to [newtonfbc@gmail.com](mailto:newtonfbc@gmail.com)  
or bring it by the church office. Thanks!*

**First Baptist Newton**  
**Permission to Use Images and Video**



I hereby grant permission for First Baptist Newton to record sounds, images, or video of my child while attending children's ministry programs. I also give permission for First Baptist Newton at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned by First Baptist Newton.

**Parent/Guardian Signature**

**Date**

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or bring it by the church office. Thanks!*