

## REGISTRATION FORM PLEASE PRINT

1215 N Marlborough Ave Inglewood, CA 90302 (310) 671-7685 awana@fhbchurch.org

FAIRVIEW HEIGHTS BAPTIST CHURCH

Child's Last N	lame:					First:						
Child's Birtho	lay:					Age: _		Grade:				
Parent(s)/Gu	ardian(s)	Name: _										
Street Addre	ss:											
City:								State: <u>CA</u>	Zip:			
Home Phone	Home Phone: Cell Phone:											
E-mail addre	ess:											
Toddlers Age	Aura Oder	Prescho	OL Age	S 3-5 Kinde	Sparten -	Grade 2	Gr	ades 3 – 6	Middle	JOUI JOUI	Rney	
Toddlers Ages 2-3 Preschool Ages 3-5 Kindergarten – Grade 2 Grades 3 – 6 Middle & High School Besides Parent(s)/Guardian(s), the individual(s) listed below have my permission to pick up this child ( <b>PLEASE PRINT</b> ):												
Name:				Name:Contact #:				Name:				
List any Food Allergies, Health, and Behavioral Concerns:  Does the child have a Special need or Disability?												
of this minor child												
(OFFICE USE ONLY)												
DATE	Dues	Theme	BAF	DATE	Dues	Theme	BAF	DATE	Dues	Theme	BAF	
BOOK:		•		Pd I	Recv'd		VEST /	T-SHIRT Pd	Re	ecv'd		