

**FIRST BAPTIST CHURCH
XTREME KIDS
WACKY WEDNESDAY'S
REGISTRATION FORM**

Name: _____

Home
Address: _____

Phone: _____ Alternate Phone: _____

Age: _____ Birthday: _____

School Grade just completed: _____

Father's Name: _____

Mother's Name: _____

Please be specific in listing any physical limitations, allergies, or
medications: _____

**Emergency contact person to assume responsibility for your
child if we were unable to contact you:**

Name: _____

Relationship: _____

Phone Number (s): _____