

Mother's Name _____ E-mail (Home or Work) _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
(If Different from child) Street/Apt.# _____ City _____ State _____ Zip Code _____

Church that you regularly attend and/or are a member of (if different than child) :

UCRBC Other - _____ None

I would like a visit to learn more about ministries at UCRBC Yes No

Father's Name _____ E-mail (Home or Work) _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
(If Different from child) Street/Apt.# _____ City _____ State _____ Zip Code _____

Church that you regularly attend and/or are a member of (if different than child) :

UCRBC Other - _____ None

I would like a visit to learn more about ministries at UCRBC Yes No

List other people that are authorized to pick up your child from activities sponsored by UCRBC

Name _____ Relationship to Child _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

Name _____ Relationship to Child _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

Name _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person from Upper Cross Roads Baptist Church in Baldwin, Maryland to have your child transported to that hospital and receive treatment.

Signature of Parent/Guardian _____ Date _____

ANNUAL UPDATES _____ | _____ | _____ | _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)