

First Baptist Church Halifax Children and Youth - Registration Form

Please complete the following information:

Child's Full Name: _____

Birth Date: _____

Address: _____

Telephone #:(902) _____ Email: _____

Full Name of Parent or Legal Guardian: _____

NS Health Card #: _____

Family Physician: _____

Special Learning Needs: _____

Special Health Needs including severe allergies and emergency medications:

By signing this form, I give permission for the above to be a participant in First Baptist Church Halifax programs including:

- Creche
- Godly Play
- Youth Group
- Other (please specify): _____

Signature of person completing form: _____

Relationship to Child: _____



**FIRST
BAPTIST
CHURCH
HALIFAX**

1300 Oxford Street
Halifax, NS B3H 3Y8
902-422-5203
fbchalifax.ca