## MitchamBaptist



## **Mitcham Baptist Church Family Registration Form**

Parent 2:			Phone:	
		Phone:		
Address:				
Email:		and/or		
Name:	DOB:	Grade:	Allergies/ Medical Conditions:	
Photo Permission				
l, permission to take and ι	(names) (names		ian) give Mitcham Baptist Church BLA of its own ministries.	
l do/do not <b>(delete as re</b> photograph.	<b>quired)</b> give permission fo	or my child's/children'	s names to be published alongside the	
	n Baptist Church will use n permission for use at any		gement and as agreed to by me and t	
	Sign	ed	Date	
	nto an age appropriate pr	ogram and also to cor	ils. The information is required so that mmunicate with you regarding the Bla	

Thank you for your co-operation

Blessings Ann Fanner

0418 361 263 or fannerfamily@outlook.com

**Please note**: \*That your children <u>must</u> be signed in and collected by a parent/or nominated other

\*Sign in will commence at approximately 9:15am when children have been sent out from church.