

ABCKIDS 2012 ENROLLMENT FORM

Dear Parent or Guardian:

In our continuing effort to provide a quality ministry program for your child, we require that all children wishing to participate in ABCKIDS on Wednesday evenings at Addyston Baptist Church complete this enrollment form. There is no cost for the program; however, this form will assist us in record keeping and provide accurate contact information should we need to reach you. Please note that **your child must be at least 5 years old to attend**. Also note that we must return your child to the same address where your child was picked up. If you have any questions or concerns or if you would like to better understand our rules and procedures, please call Bro. Philip duBarry at 941-4897. Thank you for your cooperation.

Child's Name _____ Date of Birth ___/___/___

Address _____ P.O. Box _____

City _____ State _____ Zip Code _____

Home Phone # _____ Emergency Phone # _____

School _____ Grade _____

Medical Conditions or Concerns _____

Parent or Guardian _____

I give permission for my child to attend the ABCKIDS Wednesday evening program at Addyston Baptist Church. I understand there is no cost for enrollment. My child will strive to follow the rules of ABCKIDS. I give permission for my child to ride church transportation to and from church, if necessary. I understand that my child must be returned to the same address where he or she was picked up.

Signature _____ Date _____