

MBCC Youth Program Registration Form.



Child's:

Last name _____ First name _____ Middle Initial _____
Child's Age / D.O.B _____

Parent/Guardian 1:

Last Name _____ First Name _____ Middle Initial _____
Home Phone _____ Cell Phone _____ Work Phone _____
E-mail _____

Parent/Guardian 2:

Last Name _____ First Name _____ Middle Initial _____
Home Phone _____ Cell Phone _____ Work Phone _____
E-mail _____
Home Address _____ City _____ ZIP Code _____
School Attending _____
Emergency Contact _____
Phone _____
Authorized to pick-up _____
Student's allergies/medical conditions or/and any other information you would like to share with us about your child

Parent / Guardian Signature

Print Name

Date:

Please email your application to: contactus@miamibeachcommunitychurch.com