



4121 Canton Road  
Marietta, GA 30066  
770-693-9453

## REGISTRATION FORM

**Child's Full Name:** \_\_\_\_\_ **Name Used:** \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Sex: (circle one)    M    F

Subdivision: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, medical treatments, serious illnesses, physical disabilities or special needs related to your child:

\_\_\_\_\_

\_\_\_\_\_

### FAMILY INFORMATION

**Mother's Name:** \_\_\_\_\_ 4-Digit Security Code for ID: \_\_\_\_\_

Employer: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ 4-Digit Security Code for ID: \_\_\_\_\_

Employer: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child Lives With:  Both Parents     Mother     Father  
(check one)

Other, Name and Relationship: \_\_\_\_\_

Are you members of Noonday Baptist Church?    Yes    No

If no, other church affiliation: \_\_\_\_\_

Siblings:    Name: \_\_\_\_\_    Age: \_\_\_\_\_

                  Name: \_\_\_\_\_    Age: \_\_\_\_\_

### PARENT UNDERSTANDINGS:

*I understand the Annual Fee is due at registration and my child is not considered registered until the fee is paid. I further understand that the Annual Fee is non-refundable.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_