

Jasper's First Baptist Church-After School Information Sheet

Student Name: _____ Age: ____ DOB: ____/____/____ Grade: _____

Address: _____ City: _____ State ____ Zip _____

Medical Conditions/Allergies _____

How do they react to the condition/Allergy? _____

Parent Contact Information

Mom's Name _____ Home Ph # _____

Cell# _____ Work# _____ Email _____

Dad's Name _____ Home Ph# _____

Cell# _____ Work# _____ Email _____

Please list the people and their cell phone # who are allowed to pick your child up from the ASP

1. _____ 2. _____

3. _____ 4. _____

Please list the people who are **NOT ALLOWED** to pick your child up from the ASP

Are you currently involved in a local church? _____ If so, where? _____

Please check here if you would like more information about FBC. ()