



4121 Canton Road
Marietta, GA 30066
770-926-8891

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: _____