

Macedonia Baptist Church
2633 Hillcrest Ave.
Norristown, PA 19401
610-279-6240

www.mbcministries.org

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Children's Ministry 2012 Registration Form

Child's Last Name _____ First Name _____

M/F _____ Birth Date _____ Age _____

Child's grade _____ Name of School _____

Severe Allergies, Medical Conditions, Special Needs _____

Parents Names: _____

Home Phone #: _____

Work / Cell Phone: _____

Email: _____

Address: _____ City: _____

Zip _____ Child lives with: _____

Address (if different from above): _____

Are you a member of Macedonia Baptist Church yes _____ no _____

Also, in case of an emergency where I cannot be reached, I hereby authorize the Children's Ministries staff to administer needed first aid or to seek medical attention for my child.

SIGNATURE OF PARENT / GUARDIAN

DATE

*MBC routinely photographs and video graphs events for use on our webpage, newsletters, etc.
May we include photos and videos of your child in our publications?*

Yes _____ No _____

Mission Statement: To bring about a child's awareness of Jesus Christ, which leads to salvation, a personal relationship with Him, and the ability to articulate, defend, and share their faith through teaching and activities that promote Christ, family, and fun. Mark 10:14