

EASTERN HILLS BAPTIST
CHILDREN'S MUSIC/MISSIONS ENROLLMENT

Please PRINT neatly in black ink!

Child's Name _____

Birthdate ____-____-____ Age ____ Grade ____ School _____

Address _____

Child's allergies: _____

Parent's/Grandparents Names: _____

Parent's location during choir/missions: _____

Family email (PRINT CLEARLY) _____

Father's Cell _____ Mother's Cell _____

Emergency Contact Name _____ Phone _____