

**B.I.G. Registration 2011—2012**

Student \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Siblings involved in BIG program \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
(T-Shirts are \$10.00)

Child's Physician \_\_\_\_\_ Telephone: \_\_\_\_\_

Food Allergies/Other Important Information: \_\_\_\_\_

\_\_\_\_\_

My child will need transportation, provided by First United Methodist Church, each Wednesday after school. By my signature I give First United Methodist Church permission to pick up my child at school and transport him/her to the church.

Campus \_\_\_\_\_

Signature \_\_\_\_\_

List of persons allowed to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_