



By filling out this form, I authorize First Baptist Church Loganville to photograph/video myself and/or my child and acknowledge that all forms of media become the property of First Baptist Church Loganville and will be used exclusively for the programs and advocacy efforts of First Baptist Church Loganville.

Child's Information

Name _____ Birth Date _____ Male Female

Grade _____ Allergies/Special Information _____

Name _____ Birth Date _____ Male Female

Grade _____ Allergies/Special Information _____

Name _____ Birth Date _____ Male Female

Grade _____ Allergies/Special Information _____

Name _____ Birth Date _____ Male Female

Grade _____ Allergies/Special Information _____

Address (Street, City, Zip) _____

Home Phone _____ School _____

Mother's Information

Father's Information

Name: _____

Name: _____

Email: _____

Email: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Mother's Location at:

Father's Location at:

9:30AM _____

9:30AM _____

11:00AM _____

11:00AM _____

Wed. PM _____

Wed. PM _____

Please list all persons, and their relationship, AUTHORIZED to pick up your child using photo ID:

