

**Harrison Street Missionary Baptist Church**  
**1126 Harrison Street\*Paducah, KY. 42001**  
**Telephone Number: 270.442.8946/Fax Number: 270.442.0353**  
**James L. Hudson, D. Min., Pastor**

**Registration Form**

Students Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Zip code \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Persons Authorized to Pick up Child 1. \_\_\_\_\_

2. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have any physical conditions that would restrict his/her participation in any activities?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain and give details. \_\_\_\_\_

\_\_\_\_\_

Does your child take any medication? \_\_\_\_\_

List any allergies that your child has: \_\_\_\_\_

Church membership: Yes \_\_\_\_\_ No \_\_\_\_\_

Church Name: \_\_\_\_\_

How will your child be transported to church? \_\_\_\_\_

Pick-up Address: \_\_\_\_\_

I give my child permission to participate in Harrison Street Missionary Church activities for Youth/Children. I understand that my child will not be dismissed to any unauthorized person (s). I also understand that Harrison Street Missionary Baptist Church will not be held liable for any damages or injuries, which may be sustained.

Parents (s) Signature \_\_\_\_\_

Date \_\_\_\_\_

Please check the ministries your child will be attending: \_\_\_\_\_

Children Wednesday Night Bible Study \_\_\_\_\_ Youth Wednesday Night Bible Study \_\_\_\_\_ Sunday  
School \_\_\_\_\_ Sunday's Children's Church \_\_\_\_\_ Nursery