

First Arts Academy Registration Fall 2022



Kid Name: _____

Parent/Guardian Name: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Phone: _____

Kid Age: _____ Kid Birthday: _____

Grade in 2022/23 School Year: Kindergarten 1st Grade 2nd Grade 3rd Grade

4th Grade 5th Grade

Known Allergies? _____

Additional Medical Conditions/Concerns: _____

Parental Permission for Photos: First Baptist Church of Lee's Summit has my permission to use my or my kid's photograph publicly. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

_____ FBCLS HAS my permission to use photographs of the above listed kid.

_____ FBCLS DOES NOT have my permission to use photographs of the above listed kid.

In my absence, FBCLS has my permission to seek emergency medical attention for the kid listed above.

_____ YES _____ NO