



**FIRST BAPTIST RINGGOLD**  
**P.O. Box 566**  
**RINGGOLD LA, 71068**  
**PH: 318 894-2755 FAX: 318 894-3722**  
**RINGGOLDFIRSTBAPTIST.COM**

## FBC Ringgold RA/ GA Enrollment

Name of Child \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

People/person allowed to pick up my child/children from FBC \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Any Known Allergies or Special Needs we need to be aware of

I give my permission for the volunteers and staff at FBC Ringgold to teach and care for my child while in their care during service hours, or special activities while participating in the RA and GA programs.

\_\_\_\_\_  
(Parent or Legal Guardian Signature)

DATE \_\_\_\_\_