



### Parent/Guardian Information (cont.)

**Parent Two**  Father  Mother  Other \_\_\_\_\_  
(Please Specify)

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Street Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\*

\_\_\_\_\_ Home Phone Number\* \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ E-mail address\*

\_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Current Church Membership\* \_\_\_\_\_ Pastor's Name\* \_\_\_\_\_ Church Phone Number\*

Do you regularly attend your church?  Yes  No, I attend approximately \_\_\_\_ times/year.

\* Only necessary to complete if different from Parent One

### Financial Information

\*\*Please indicate who is responsible for all financial obligations to FBTA:  Father  Mother  
 Other (please specify and complete below) \_\_\_\_\_

\_\_\_\_\_ Title (Mr., Mrs., etc.) \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

\_\_\_\_\_ Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_ Guardian's Signature (if applicable)

**\*\*NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY APPLICATION**

### Office Use

Reg. Date \_\_\_\_\_ Ck# \_\_\_\_\_ Cash Rec. # \_\_\_\_\_ \$ \_\_\_\_\_ AO \_\_\_\_\_ FO \_\_\_\_\_ AR \_\_\_\_\_