

Children's Information Sheet

1st Time Guest **Y or N** Member **Y or N** Does your child attend Sunday School: **Y or N** Date signed _____

Personal Information

Incomplete forms are unable to be processed

1) Child's full name _____ Child's date of birth _____ Grade/age _____

School name (if applicable) _____

2) Child's full name _____ Child's date of birth _____ Grade/age _____

School name (if applicable) _____

3) Child's full name _____ Child's date of birth _____ Grade/age _____

School name (if applicable) _____

Parent/Guardian's name _____ Date of Birth _____

Parent/Guardian's name _____ Date of Birth _____

Mailing Address _____

Phone Number _____ **Email address** _____

Mobile Number (we will text you if your child needs you) _____

Toddlers only

Potty trained Yes No

Security information

List the members of the family (including yourself) that have permission to pick up your child.

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

**** Only the caregivers with permission to pick up the child will be allowed to pick up the child! Siblings will NOT be allowed to pick up the child from the Nursery, Sunday School, or Children's Church. ID may be requested to verify, if needed. ****

Special Instructions

Allergies Yes No

If yes, please give us any medical information your child's teacher needs to know

Type of allergy _____

Volunteer

I would like to serve in the children's ministry: Once a month Twice a month Full-time

_____ Sunday School (Toddler - K) _____ Sunday School (K-1) _____ (2- 5th)

_____ VBS (last week of June) _____ Greeters _____ Children's church