



Child Information Form

In order to provide the best care for your child, please provide the following information

PERSONAL INFORMATION

Today's Date: _____ Child's Birthday: _____

Parents' Names: _____

Child's Name: _____

Sibling's Name(s) and Age(s): _____

Address: _____

Phone: _____ Email: _____

Would you like to receive emails regarding children's ministry news? Yes No

Please list any allergies your child has:

EDUCATION INFORMATION

Name of Child's School: _____

Present Grade: _____

Has your child previously been a part of a church or ministry? Yes No

Is there anything that you would like to share that would aid the teaching team as they minister to your child?

EMERGENCY CONTACT		
FULL NAME: (First, Middle, Last)		
Relationship to child?		
ADDRESS:		
CITY:	STATE:	ZIP
DAY PHONE:		
EVENING PHONE:		
EMAIL:		

EMERGENCY CONTACT		
FULL NAME: (First, Middle, Last)		
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