



Name: _____ Date: _____

Parents: _____

Birthday: _____ Grade: _____

Address: _____

Phone #: (home) _____ (Parent cell) _____

Parent Email Address: _____

Allergies: _____

Special health care: _____

Procedure for care: _____

Security Alert: _____

Authorized adults who may pick up your child:

Parent Location during:

Bible Study: _____

Morning Worship: _____

Sunday Night: _____

Wednesday Night: _____

Other information we should know about your child: _____

