

Splash Kids - Spry Church Children's Ministry Check-In Form (2018)

(Please complete all information)

*This information is considered confidential and will only be shared with Spry Church teachers, children's leaders and nursery staff to better accommodate all children in our Splash Kids Children's Ministry at Spry Church. Thank You!*

Child's Name:	
Parent/Guardian Names:	
Address Line:	
City/State/Zip	
Phone:	
Email:	
Date of Birth:	
Age:	
Grade:	

1. Does the child have any allergies of which we should be aware? If so, please explain ( if food allergies, please list below foods to avoid )

YES

NO


2. Does the child have any medical conditions of which we should be aware? If so, please explain:

YES

NO


3. Additional information you would like to share:


Home Church: \_\_\_\_\_

\_\_\_\_\_ I hereby grant permission to Spry Church to use my child's photo(s) on its Website, other official social media & church printed publications without further consideration.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date