

GUILFORD COLLEGE UNITED METHODIST CHURCH

1205 Fleming Road * Greensboro, NC 27410 * (336) 292-5833

CHILDREN'S WORSHIP INFORMATION

Child's Name _____
 First Middle Last

Name Goes By _____

Address _____
 Street or PO Box City State Zip

Home Phone _____ Child's Birth Date _____ Child's Age _____

Child's Grade _____ School _____

Parent/Guardian Name(s) _____

Address _____ Phone _____

Please list other children:

Name

Age and Grade

_____	_____
_____	_____
_____	_____

Child's Allergies and Reactions (food/medication) _____

Other special instructions for care providers/staff (including medical information) _____

Parent/Guardian Location _____

Where will parent/guardian be located if needed while child is in church's care?

If parent or guardian is not available, please contact the following person in case of emergency:

Name _____

Address _____ Phone _____

Names of all adults authorized to pick up child _____

