

Child Information Form

MERRIMACK VALLEY BAPTIST CHURCH

ATTENTION Parents and Caregivers: Please notify the Ministry Leader if there are any mid-year changes to this information.

Name of Child: _____ M F
Date of Birth: ^(first)____/____/____ Age: _____ Grade: _____ ^(last)____ (Infant, toddler, preschool, k4, etc.)

Children's Ministries participating in (*Check all that apply*): Nursery Sunday School Children's Church
 AWANA VBS

Child's Address: _____ City: _____ State: _____ Zip Code: _____

Allergies (*medication, food, other*): _____

Special Instructions: _____

Special Needs/ Disabilities: _____

Parent or Caregiver's Name(s): _____

Parent's Address (*if different than child*): _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

In case of an emergency, if the Parent or Caregiver is unavailable, please contact:

Name: _____

Relationship to child: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Alternate Pick-up Information:

Children up to and including 2nd grade must be dropped off and picked up by their parent or guardian at the beginning and end of each program. However, you may provide a list of alternate "grown-ups" who may drop off or pick up your child.

1. Alternate grown-ups may be siblings ages 13 and older or other adults(18+)
2. Please limit your alternates to three individuals.
3. If you do not list the spouse name in the Parent or Caregiver's Name field, please be sure to list them as an alternate if they have permission to pick-up the child.
3. If you do not want your child picked up by anyone other than yourself, please write NONE in one of the spaces provided.

Your child's group leader will have this list in case you want to add someone later.

1. Name: _____ Relationship : _____

2. Name: _____ Relationship : _____

3. Name: _____ Relationship : _____

Parent or Caregiver's Name - PRINTED

Date

Parent or Caregiver's Name - SIGNED

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