

2019-2020 Child Information Form

Child First Name: _____

Parent(s) First Name: _____

Child Last Name: _____

Parent(s) Last Name: _____

Gender: Male Female

Primary Phone: _____

Birthdate: _____

Secondary Phone: _____

Allergies:

*Food: _____

Address: _____

*Environmental: _____

Email: _____

*Medicine: _____

Emergency Contact Name & Relationship:

Are there any special needs we should be aware of for your child?
If so, please provide details.

Alternate Pickup(s), Phone, & Relationship(s):

Siblings must be at least 13 years of age to be an alternate pickup.

Child School: _____

Child Grade: _____

Ministries your child is interested in participating in:

Nursery Sunday School Children's Church AWANA Children's Choir Summer Children's Program

Teens' Youth Group Teens' Sunday School

Parent Signature: _____

Date: _____

2019/2020 First-Time Visitor & Child Information Update Card

Please complete a Child Information Form for your next visit.

Child Name: _____

Child DOB: _____ Grade: _____

Child Allergies: _____

Parent/Pickup Name(s): _____

Parent/Pickup Phone: _____

Parent/Pickup Location: _____

Parent Email: _____

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