



Your child's safety is extremely important to us at The Point. Please assist us in creating a safe and secure environment by providing the following information.

CONTACT INFORMATION

1. Parent/Guardian Name: _____

Cell Phone #: _____ Email: _____

2. Parent/Guardian Name: _____

Cell Phone #: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Are there additional people who are allowed to drop-off or pick-up your child(ren)?

Name: _____ Relationship to Child: _____ Cell Phone #: _____

Name: _____ Relationship to Child: _____ Cell Phone #: _____

CHILD #1

Name: _____ Gender: Male Female

Date of Birth: _____ Grade (as of August 2018): _____

Special Instructions (allergies, medical/special needs, etc.): _____

The Point occasionally takes photos to be used in various church communications. By checking this box, I am requesting that you do not include photos of my child.

CHILD #2

Name: _____ Gender: Male Female

Date of Birth: _____ Grade (as of August 2018): _____

Special Instructions (allergies, medical/special needs, etc.): _____

The Point occasionally takes photos to be used in various church communications. By checking this box, I am requesting that you do not include photos of my child.

Have more kids? No problem! Flip this over and provide their details on the back.

"Connecting the disconnected extends to everyone, children included. KidsPoint exists to connect families to Jesus and one another." -Liz Anderson, KidsPoint Coordinator

CHILD #3

Name: _____ Gender: Male Female

Date of Birth: _____ Grade (as of August 2018): _____

Special Instructions (allergies, medical/special needs, etc.): _____

The Point occasionally takes photos to be used in various church communications. By checking this box, I am requesting that you do not include photos of my child.

CHILD #4

Name: _____ Gender: Male Female

Date of Birth: _____ Grade (as of August 2018): _____

Special Instructions (allergies, medical/special needs, etc.): _____

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CHILD #5

Name: _____ Gender: Male Female

Date of Birth: _____ Grade (as of August 2018): _____

Special Instructions (allergies, medical/special needs, etc.): _____

The Point occasionally takes photos to be used in various church communications. By checking this box, I am requesting that you do not include photos of my child.

CHILD #6

Name: _____ Gender: Male Female

Date of Birth: _____ Grade (as of August 2018): _____

Special Instructions (allergies, medical/special needs, etc.): _____

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If you have any questions about KidsPoint, simply send us an email at kids@thepointknox.com and we'll be happy to help!