

# ChristWay KIDS

Father's Name \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Father's Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Mother's Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Relationship \_\_\_\_\_

Life Group Leader \_\_\_\_\_

Life Group Location \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Allergies \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Allergies \_\_\_\_\_

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Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Allergies \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Allergies \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Allergies \_\_\_\_\_

Anything else we need to know? \_\_\_\_\_

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