

# Child Information Sheet

## First Baptist Church Nursery

Child's Name: \_\_\_\_\_

Age: \_\_ years \_\_\_\_ months Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ ( ) Home ( ) Cell

Where will you be during Sunday School? \_\_\_\_\_

Where will you be during Worship? \_\_\_\_\_