

Child's Name _____

Parent/Guardian Name _____

Address _____

Home Telephone _____ Cell Phone _____

Child's Age _____ Date of Birth _____ Gender M F

Last school grade completed _____

Person responsible for picking up

Name _____ Telephone Number _____

In case of an emergency, if parent/guardian can not be reached:

Name _____

Telephone _____ Relationship to child _____

Please list any allergies/medical/behavioral needs

This will/will not be my child's first large group experience.

They have/have not attended a Sunday school type program.