

# Children's Information Card

Child's Name \_\_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_\_

Child's Grade \_\_\_\_\_ School He/She Attends \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Sunday School Parents Attend \_\_\_\_\_

Worship Service Parents Attend \_\_\_\_ 8:00 AM \_\_\_\_ 9:30 AM \_\_\_\_ 11:00 AM

Serious Allergies, minor allergies, medical conditions:

\_\_\_\_\_

Please list special needs, concerns, and/or preferences for your child while in our care:

\_\_\_\_\_

\_\_\_\_\_

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