



Children's Information

Today's Date: _____ Sunday School Dept./ Class _____

Child's Full Name: _____ Age: _____ Date of Birth: _____

Male/ Female: _____

Parent's Name(s): _____ Cell Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Allergies: _____

Please list any information that you feel may be important: _____

____ New Bible Study Member

____ Guest today only

____ Information Change

____ Connect to Family (Family Name) _____ Relationship: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

Where will you be located while your child is in our care? _____

For Preschoolers Only:

Does your child take a : _____ Bottle _____ Pacifier _____ Sippy Cup

Is your child nursing? _____ Yes _____ No

What time does your child usually eat in the mornings? _____

Does your child prefer to sleep on their _____ back _____ Stomach

What seems to sooth your child when he/she is upset? _____

Is your child potty-training? _____ Yes _____ No Is there any special reward for your child when he/she goes potty? _____ Yes _____ No Explain: _____

We have crackers and water for snack time. Would you prefer that your child have a different snack provided in your diaper bag? _____ Yes _____ No

Grade School Only:

School Attending: _____

If your child is in 3rd grade or higher, is it ok to let them go to the Worship Center to meet you after class without you picking them up? _____ Yes _____ No

If yes, please sign here: _____ Date: _____