

CHILD'S INFORMATION

Children's Ministries

Estacada First Baptist Church

Child's Name: _____ Nick Name: _____
Last Name First Name Middle Name

Child's Age: _____ Date of Birth: ____ / ____ / ____ Current Grade Level: _____ Gender: M F

Food Allergies: _____ Medical Allergies: _____

Currently on Medication(s)? **Y N** Medications: _____

Child's Physical Address: _____
City State Zip

Child's Mailing Address: _____
If different from above City State Zip

Email Address: _____

Mother's/Guardian's Name: _____ **Authorized to pick up child? YES NO**

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Father's/Guardian's Name: _____ **Authorized to pick up child? YES NO**

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Marital Statue (circle one): Single Engaged Married Widowed Separated Divorced

Child lives with (circle): Both Mother Father Legal Guardian Grandparent(s) Aunt Uncle

Persons authorized to pickup your child from Children's Ministries Class:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

List Persons Specifically NOT Permitted to Pick up Child from Children's Ministries Class:

Name(s): _____

Signature of Parent or Guardian: _____ Date: _____

Print Name: _____