

KIDS FOR CHRIST

Coming together to Know God, Love God, Serve God

Children's Information Sheet

Child's Name _____

DOB: _____ Grade: Pre-k K 1 2 3 4 5 (Circle One)

Home Address: _____

Home Phone: _____

Mom's / Guardian's Name: _____

Cell #: _____ Email: _____

Dad's / Guardian's Name: _____

Cell #: _____ Email: _____

Does your child have any: _____ allergies _____ medical condition _____ special needs

If yes, please explain: _____

Is there anything you would like to tell us about your child? _____

Consent & Medical Release Form

I give permission to Swainsboro FUMC, its employees, and representatives to take photographs, videos, and/or electronic images in which my child or other family member may appear in a church related environment or event and use for any lawful purpose to highlight and promote SFUMC.

I give permission for my child to receive emergency medical treatment if necessary.

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____

Preferred Emergency Phone Number: _____

Today's Date: _____