



## Department of Children's Ministries Information Sheet

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

School I attend \_\_\_\_\_ Grade in School \_\_\_\_\_

Parents' Names \_\_\_\_\_

Siblings \_\_\_\_\_

**Phone Numbers:**

Mom

Dad

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred email to send announcements/reminders \_\_\_\_\_

Do you attend church regularly? \_\_\_\_ If so, where? \_\_\_\_\_

Medical or other information we need to know: (Please list all allergies.)

In case of an emergency, parents will be notified first. Please list another adult just in case we cannot reach you.

Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_