

CHILD CHECK-IN INFORMATION

(Please Print)

If more than 2 children, list additional children on back.

Name of Child (first & last name):		Grade:	Birthdate (mo/day/yr):	
Please Check Male:	Female:	Adult whom child attends church with:		relation:
Allergies:		Permission to take/publish photos for ministry purposes Yes: No:		
Name of Child (first & last name):		Grade:	Birthdate (mo/day/yr):	
Please Check Male:	Female:	Adult whom child attends church with:		relation:
Allergies:		Permission to take/publish photos for ministry purposes Yes: No:		
Home Address where children live (majority):				
Mailing Address (if different):				
Family Email Address:				
Primary Phone:				
Cell Phone: Cell Carrier AT&T: Cricket: Sprint: T-Mobile: Verizon: Other:				
Father's Name:		Marital Status in relation to Mother:		Living in home Yes: No:
Mother's Name:		Marital Status in relation to Father:		Living in home Yes: No:
Custody Comments:				
Other Associated Adults (dropping off or picking up):				
Name:		Relationship:		Cell Phone:
Name:		Relationship:		Cell Phone:
Name:		Relationship:		Cell Phone:

PLEASE CHECK ALL MINISTRY AREAS YOUR CHILD ATTENDS:

- | | | | |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Big City 4-5-6 | <input type="checkbox"/> Rainbows | <input type="checkbox"/> Moppets |
| <input type="checkbox"/> Critterland | <input type="checkbox"/> Kids' Choir | <input type="checkbox"/> Wednesday Youth Group | |
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> Girl's Ministries | <input type="checkbox"/> Junior Bible Quiz (JBQ) | |
| <input type="checkbox"/> Big City 1-2-3 | <input type="checkbox"/> Royal Rangers | <input type="checkbox"/> Teen Bible Quiz (TBQ) | |

Additional Children

Name of Child (first & last name):		Grade:	Birthdate (mo/day/yr):	
Please Check Male:	Female:	Adult whom child attends church with:		relation:
Allergies:		Permission to take/publish photos for ministry purposes Yes: No:		
Name of Child (first & last name):		Grade:	Birthdate (mo/day/yr):	
Please Check Male:	Female:	Adult whom child attends church with:		relation:
Allergies:		Permission to take/publish photos for ministry purposes Yes: No:		
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Please Check Male:	Female:	Adult whom child attends church with:		relation:
Allergies:		Permission to take/publish photos for ministry purposes Yes: No:		
Name of Child (first & last name):		Grade:	Birthdate (mo/day/yr):	
Please Check Male:	Female:	Adult whom child attends church with:		relation:
Allergies:		Permission to take/publish photos for ministry purposes Yes: No:		

Other important information we should know:
