

# Creekside Kids Ministry

9:30 \_\_\_\_\_  
11:00 \_\_\_\_\_

Parents/ Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail: \_\_\_\_\_

\*Family situations we should be aware of? Ex: custodial issues, other matters

\_\_\_\_\_

\*\*Child's Name: \_\_\_\_\_ Goes by \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade in school \_\_\_\_\_

Allergies/medical conditions/special needs we need to be aware of \_\_\_\_\_

\_\_\_\_\_

\*\*Child's Name: \_\_\_\_\_ Goes by \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade in school \_\_\_\_\_

Allergies/medical conditions/special needs we need to be aware of \_\_\_\_\_

\_\_\_\_\_

\*\*Child's Name: \_\_\_\_\_ Goes by \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade in school \_\_\_\_\_

Allergies/medical conditions/special needs we need to be aware of \_\_\_\_\_

\_\_\_\_\_

How did you hear about Creekside? \_\_\_\_\_

Above information is collected and managed for Creekside Church to better care for your child(ren). Your information **will not be shared** with any other persons or organizations.

**Permission to Photograph**

Signed \_\_\_\_\_ Date \_\_\_\_\_