



CHILD INFORMATION

Child's Name: _____

Age: _____ Date of Birth: _____ Grade: _____ Gender: _____

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Child's Address: _____

City: _____ State: _____ Zip: _____

Are there any special needs or allergies we should be aware of?

ADDITIONAL INFORMATION

Your Name: _____

Relationship to Child(ren): _____ Your Phone: _____

Your Email: _____

List any adults who are authorized to pick up your child:

I give permission for the child(ren) listed above to participate in classes and/or activities at The Life Church. I authorize the volunteers and staff to administer emergency medical first aid treatment or to call for emergency medical response.

Signature of Parent/Legal Guardian

Date

Service Time:

We Are:

- First Time Guests
- Out of Town Guests
- Updating Info

How did you hear about the church?

- Friend/family
- Driving By
- Web
- Billboard
- Mailer
- TV Commercial
- TV Program
- Other: