



Ebenezer West Children's Church

Child Information Sheet

Today's Date: _____ Child's Name: _____

Grade of Child: _____ Date of Birth: _____ Age of Child: _____

Name Child prefers to be called (if different from above): _____

Parent/Caregiver of child: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): Home: _____ Cell: _____

E-mail: _____

Where do you usually sit in the sanctuary? _____

Does your child have any allergies or health problems we need to be aware of? _____

Does your child have any special needs/and or medications we need to be aware of? _____

Is anyone else allowed to drop your child off or pick them up? _____ If so, who? _____

Will you volunteer your time to help in Children's Church? _____

Specify Area: _____ Teaching _____ Set Up _____ Supplies _____ Special Events

For Office Use Only:

Date Received: _____

Computer Input Date: _____