



Dutch Fork Church
Children's Ministry
INFORMATION FORM

TODAY'S DATE: _____

CHILD'S NAME: _____ FEMALE MALE BIRTHDAY: _____

HOME PHONE: _____ GRADE: _____ SCHOOL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

MOTHER'S NAME: _____ CELL #: _____

FATHER'S NAME: _____ CELL #: _____

PARENT'S EMAIL: _____

PARENT'S MARITAL STATUS: () MARRIED () DIVORCED () SEPARATED () OTHER

AUTHORIZED TO PICK UP CHILD:

NAME: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ CELL #: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ CELL #: _____

ALLERGIES: _____

OTHER INFORMATION THAT IS IMPORTANT TO YOUR CHILD'S CARE: _____

SIBLING(S) (INCLUDE BIRTHDATE/GRADE): _____

AREA(S) TO HELP IN CHILDREN'S DEPARTMENT (CIRCLE AREA/AGE GROUP):

- SUNDAY SCHOOL
- CHILDREN'S CHURCH
- WEDNESDAY NIGHT BIBLE STUDY
- SPECIAL EVENTS (VBS, FALL FESTIVAL, BACK TO SCHOOL SPLASH)

- INFANTS
- TODDLERS
- PRESCHOOL
- ELEMENTARY
- MIDDLE SCHOOL

"SHOW ME...TEACH ME...GUIDE ME"

PSALM 25:4-5