



Explore my world...expand my mind...experience Jesus...

Watch me grow!

Child's Name _____

Date of Birth _____

Parents' Names _____

Address _____

Home Phone _____ Work _____

Cell #s _____

Family Email Address: _____

Emergency Names & Numbers (within 30 miles)

Allergy and Medical Conditions

Who can pickup?

*May we photograph or record your child on video?

YES_____ NO_____