

CHILD INFORMATION SHEET


 Sunday

 Wednesday

NAME LAST, FIRST	M/F	DOB	AGE	GRADE	SCHOOL	Allergies or Medical Conditions? (If yes, ask for medical form)

PARENT INFORMATION - If NOT child's parent, please complete the Guardian info below

Father's name _____ DOB _____ Here Today?

Mother's name _____ DOB _____ Here Today?

Married Divorced Other _____ Child lives with: Both parents Mom Dad Other _____

Address _____ City _____ State _____ Zip _____

Primary Phone (_____) _____ Email _____

Fathers Cell (_____) _____ Provider _____ (i.e. Verizon, AT&T) Text?

Mothers Cell (_____) _____ Provider _____ (i.e. Verizon, AT&T) Text?

Who is authorized to pick-up your child(ren) _____

Security concerns we need to be aware of? No Yes If yes, explain: _____

Is this your first time at Oakwood? Yes No - Who invited or brought you? _____

GUARDIAN INFORMATION

Your Name _____ Emergency Contact #(_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to child: _____ Will you be bringing them in the future? Yes No

TERMS AND CONDITIONS

I give permission for my child's photo/video to be used in any of Oakwood Baptist Church's publications (web site, newsletter, bulletin, slideshow, etc.). I understand that only my child's first name could appear on the photo/video. No last names, addresses, or phone numbers will be used. I understand that my child/children may participate in physical activities. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Oakwood Baptist Church and any persons involved in the children's ministry. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the children's ministry to secure the services of a licensed physician to provide the care necessary for my child's wellbeing. I assume responsibility for all costs connected to any accident or treatment of my child. I have read and agree to the Terms and Conditions stated above.

Signature of Parent or Guardian

_____/_____/_____
Date

Office Notes:

_____/_____/_____
1st visit date

_____/_____/_____
2nd visit date