



# Child Care Form

Wednesday or Sunday Classes

Nursery      Preschool      Elementary      Sunday Children's Worship

First date attended \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date) Sun. or Wed.

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Male Female Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Allergies, Medical or Special Needs \_\_\_\_\_

Is anyone else other than the names above permitted to pick up your child?

Names: \_\_\_\_\_

*In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of the children's care ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_