

FAMILY INFORMATION

| | | |
|-------------|--------|-------------|
| LAST NAME: | | EMAIL: |
| ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| HOME PHONE: | | CELL PHONE: |

HOUSEHOLD INFO

| | |
|---|----------------|
| FATHER'S NAME: | MOTHER'S NAME: |
| EMERGENCY CONTACT IF PARENT CAN'T BE REACHED: | PHONE NUMBER: |
| PLEASE LIST ANYONE NOT AUTHORIZED TO PICK UP YOUR CHILDREN: | |

CHILD #1

| | | |
|---------------------------------|------|------------|
| LAST NAME (IF DIFFERENT): | | |
| FIRST NAME: | | NICKNAME: |
| GENDER: | AGE: | BIRTHDATE: |
| SCHOOL: | | GRADE: |
| ALLERGIES/ALERTS/SPECIAL NEEDS: | | |

CHILD #2

| | | |
|---------------------------------|------|------------|
| LAST NAME (IF DIFFERENT): | | |
| FIRST NAME: | | NICKNAME: |
| GENDER: | AGE: | BIRTHDATE: |
| SCHOOL: | | GRADE: |
| ALLERGIES/ALERTS/SPECIAL NEEDS: | | |

CHILD #3

| | | |
|---------------------------------|------|------------|
| LAST NAME (IF DIFFERENT): | | |
| FIRST NAME: | | NICKNAME: |
| GENDER: | AGE: | BIRTHDATE: |
| SCHOOL: | | GRADE: |
| ALLERGIES/ALERTS/SPECIAL NEEDS: | | |

CHILD #4

LAST NAME (IF DIFFERENT):

FIRST NAME:

NICKNAME:

GENDER:

AGE:

BIRTHDATE:

SCHOOL:

GRADE:

ALLERGIES/ALERTS/SPECIAL NEEDS:

CHILD #5

LAST NAME (IF DIFFERENT):

FIRST NAME:

NICKNAME:

GENDER:

AGE:

BIRTHDATE:

SCHOOL:

GRADE:

ALLERGIES/ALERTS/SPECIAL NEEDS:

CHILD #6

LAST NAME (IF DIFFERENT):

FIRST NAME:

NICKNAME:

GENDER:

AGE:

BIRTHDATE:

SCHOOL:

GRADE:

ALLERGIES/ALERTS/SPECIAL NEEDS:

I GIVE MARSH CREEK COMMUNITY CHURCH PERMISSION TO UTILIZE MY CHILD FOR IN HOUSE PUBLICITY ONLY. (INITIAL)_____

I HAVE REVIEWED THIS FORM & IT IS CORRET TO THE BEST OF MY KNOWLEDGE. (INITIAL)_____

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT MY CHILD'S PARENT OR GUARDIAN. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION FOR MY CHILDREN TO RECEIVE EMERGENCY MEDICAL TREATMENT. IN CASE OF ACCIDENT, I HEREBY RELEASE MARSH CREEK COMMUNITY CHURCH, ITS STAFF, & VOLUNTEERS FROM ANY LIABILITIES:

SIGNATURE:

PRINT NAME:

DATE: