

Bucks County Community Church Children's Ministry
Child Information Form

Name: _____

Birthday: _____ Grade: _____

Parents/Guardians: _____

Address: _____

Cell Number: _____

Email: _____

Do we have permission to use your child's photo for church related sites/forms?

Yes _____ No _____

Food/Environmental Allergy Notification:

_____ My child has NO known allergies

_____ My child has the following allergies

: _____

(please provide specific instructions as to treatment of a reaction)

Does your child have any other health issues we should be aware of?

Does your child have any specific educational needs? If so, please explain:

Please list any person, (6th grade and older) who is allowed to pick up your child:

Date: _____