



# Child/Parent Information Sheet

(For children birth – 5<sup>th</sup> grade)

Please complete and return to Sue or Melinda in Children’s Ministry Office (Room 109)

Date: \_\_\_\_\_ **RETURN BY: February 14, 2010**

Child’s FULL Name \_\_\_\_\_

Birth Date: m/d/yr: \_\_\_\_\_

Age as of present date: \_\_\_\_\_ **Grade:** \_\_\_\_\_

Parents’ Full Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Siblings? (Names/ages): \_\_\_\_\_

Food Allergies / Special Needs: \_\_\_\_\_

<p>***Nursery needs***</p> <p>Special Feeding Information: _____</p> <p><b>What soothes your child?</b> (Please circle all that apply)</p> <p>Pacifier    Lovey    Rocking in chair    Music    Swinging    Other _____</p>
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**Service usually attended** (please circle one)

Sat. 6pm    Sun. 9:30 Friendly    Sun. 9:30 Lake Brandt    Sun. 11:00 Contemp.    Sun. 11:00 Trad.

- VOLUNTEER OPPORTUNITIES: (PLEASE CIRCLE)**    **Children’s Ministry Committee**    **Children’s Wing Greeter**  
**Sunday School Teacher**    **Sunday School Shepherd**    **Nursery Helper**    **Outrageous Outreach**    **Special Needs Asst.**  
**Vacation Bible School**    **Music Camp**    **Other ways you can volunteer:** \_\_\_\_\_