

# Winn's Baptist Church Preschool Ministry

## Child Information Sheet

Date:

Child's Name:

Date of Birth:

Age:

Address:

Father's Name:

Father's Cell Phone:

Father's Email:

Mother's Name:

Mother's Cell Phone:

Mother's Email:

If Child attends church with someone other than parents, or may be picked up by others, please provide name of Guardian:

Guardian's Name:

Guardian's Address:

Relationship to Child:

Guardian's Cell Phone:

Guardian's Email:

**Location of Parent or Guardian at Church:**

9:30 Worship

11:00 SS Class

**Please tell us more about your child:**

Is your child potty-trained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can your child have church snacks? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain here: \_\_\_\_\_

***\*\*Please be sure to label diaper bags and any personal belongings of your child, including bottles, sippy cups, toys, snacks, etc. \*\****