

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, 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 Worship

9:30 Sunday School Class:

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. *****