

Student Information

Student's Name: _____

Student's Birthday: _____ Month/Day/Year Baptismal Date: _____

Student's Age: _____ Grade Attending this Fall: _____

Student's Cell Phone, if applicable: _____

Worship Service(s) most often attended: Sat @ 5pm Sun @ 8am Sun @ 10:30am

Mother's Name: _____ Spouse: _____

Address: _____

Home Phone Number: _____ Cell Phone: _____

Email: _____

Best Way to Reach You: Home Phone Cell Phone Email Mail

Father's Name: _____ Spouse: _____

Address: _____

Home Phone Number: _____ Cell Phone: _____

Email: _____

Best Way to Reach You: Home Phone Cell Phone Email Mail

Emergency Contact: _____ Emergency Phone: _____

List any and all physical conditions that might result in an emergency situation (*i.e.*, diabetes, asthma, etc.). List any learning disabilities and prescribed medication (*i.e.*, ADHD-Ritalin, etc.). List any and all medications required for the conditions listed. _____

List all allergies (*i.e.*, food, medicine, animal, etc.). _____

List visual and/or hearing deficit and type of correction (*i.e.*, nearsighted-glasses, hearing aid, etc.): _____

List other information that might be helpful to the staff. _____

Legal Guardian's Signature: _____ Date: _____