

Date \_\_\_\_\_

Family ID # \_\_\_\_\_

Campbellsville Baptist Church Children's Ministry

**Child Information Form**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Child's Food Allergies \_\_\_\_\_

Child's Other Allergies \_\_\_\_\_

What are the child's interests or favorite things to do? \_\_\_\_\_

Other information about your child \_\_\_\_\_

Parents' Relationship to Each Other:  Married  Divorced  Separated  Single

Child Lives With (please check all that apply):

Mother and Father  Mother  Father  Other: \_\_\_\_\_

Father's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Street Address (if same as father's, check here ) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Parents' Sunday School Class and Location \_\_\_\_\_

Best time to call or visit \_\_\_\_\_

**Emergency Contact Information**

Please provide the following information for one local person who will be available to assume responsibility for your child in an emergency if you may not be reached.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Campbellsville Baptist Church Children's Ministry Staff to take my child to an Emergency Room, or to the following physician or his/her associates, for medical care.

Dr. \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

Campbellsville Baptist Church Children's Ministry  
The purpose of our ministry is to partner with the family  
to help children know Christ and grow in their relationship with Him.