

DC4K First Covenant Church Child Information Form

Child Information:

Child's Name _____

Does your child have any allergies, especially food allergies? Yes No

If yes, please specify _____

Does your child have any medical or health issues we should know about? Yes No

If yes, please specify _____

Are there any special accommodations we need to be aware of regarding your child in order to provide the best program for your child? Yes No

If yes, please specify _____

Who has custody? Mother Father Joint Guardian Other _____

Describe your child's visitation arrangement _____

Is there anything else you want our DC4K leaders to know about your child or family situation?

Yes No

If yes, please specify _____

Sibling Information – Indicate if sibling relationship is by birth, half, step, or adopted

Name _____ Birth Half Step Adopted Grade ____ Age ____

Name _____ Birth Half Step Adopted Grade ____ Age ____

Name _____ Birth Half Step Adopted Grade ____ Age ____

Child's Mother Information

Mother's Name _____

Address _____

City _____ State _____ Zip Code _____

Cell _____ Home phone _____ Work phone _____

Email Address _____ Occupation _____

Current marital status: Separated Divorced Remarried Single

Date separated _____ Date Divorced _____ Date Remarried _____

Child's Father Information

Father's Name _____

Address _____

City _____ State _____ Zip Code _____

Cell _____ Home phone _____ Work phone _____

Email Address _____ Occupation _____

Current marital status: Separated Divorced Remarried Single

Date separated _____ Date Divorced _____ Date Remarried _____

Emergency Contact Information

In case of an emergency, contact the following persons (other than parents):

1. Name _____ Relationship _____

Cell _____ Home _____

Address _____

2. Name _____ Relationship _____

Cell _____ Home _____

Address _____

Pick-Up Authorization

If I am unable to pick up my child the following persons are authorized to do so. A photo ID will be required:

1. Name _____ Relationship _____

Cell _____ Home _____

Address _____

2. Name _____ Relationship _____

Cell _____ Home _____

Address _____

Registering Parent's Signature _____ Date _____