

FBCP Preschool Ministry

Family Security

Information Sheet 2020-2021

Number: _____

Please fill out one form per child

Child's Name _____

Parent's Name: _____

Address: _____

Primary Phone #: _____ Secondary Phone#: _____

Emergency number other than above and relationship to child _____

Mom's Email Address: _____

Dad's Email Address: _____

Sibling's Names: _____

I come to Church with: _____ Relationship: _____

Parent's Sunday School Hour (circle one): 8:15 9:30 Class _____

Location in Sanctuary: _____ Floor _____ Balcony _____

Please List any important information about your child that we should know:

(Allergies and/or Medical Conditions)

I give my permission for my child's picture to be used in church publications including social media.

Please sign _____

Date _____