



# Child Information Form

(Please Print NEATLY)

Child 1 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Gender: M F

Age \_\_\_\_\_

Child 2 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Gender: M F

Age \_\_\_\_\_

Child 3 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Gender: M F

Age \_\_\_\_\_

Child 4 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Gender: M F

Age \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ (The best way for us to reach you in an emergency)

Email Address (Primary) \_\_\_\_\_@\_\_\_\_\_

Allergies: Please List \_\_\_\_\_

**Thank you for visiting Southland Baptist Temple!**