

Date _____

Child and Youth Information Form

Christ Memorial Presbyterian Church

Child's Name: _____

Grade entering: _____ Gender: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parents' Names: _____

Email addresses: _____

Home phone: _____ Cell #: _____

In the event of an emergency and you are unable to be reached, who may we contact?

Emergency Contact #1 _____ Phone # _____

Emergency Contact #2 _____ Phone # _____

Allergies/Medical information: _____

** Please contact the teacher/leader if your child will require special medical attention while at CMPC.*

Please list alternate adults who are permitted to pick up your child. Only those listed will be permitted to pick up your child unless other arrangements have been made with the teacher/leader.

Name _____ phone # _____

Name _____ phone # _____

Name _____ phone # _____

Church Affiliation _____

Is there anything special that we should know about your child that will help us as we work with him/her?