



The Children's Ministry of ExcelChurch

Today's Date: \_\_\_\_\_

**Child's Information**

**Full Name:** \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Current School Grade \_\_\_ M/F

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**Full Name:** \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Current School Grade \_\_\_ M/F

Please list any allergies \_\_\_\_\_ WHO has the allergy? \_\_\_\_\_

**Primary Contact Information**

**Primary Contact Full Name/s:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail address \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Please note that the "Primary Contact" should be either the parent, legal guardian, or foster mother/father. The person listed here will be our main point of contact unless otherwise stated.*

**Additional Authorized Individuals:**

Please list the name/s and relationship of anyone other than the primary contact who has permission to pick up your child. This will be important in the case of a missing or lost tag. We will only reprint a tag for the primary contact OR for those listed here.

**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_