

Bethlehem KIDS ROCK

Information Form

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_ School Name \_\_\_\_\_

Transportation \_\_\_\_\_ School Bus \_\_\_\_\_ Church Bus \_\_\_\_\_ Personal Vehicle

Address

\_\_\_\_\_  
\_\_\_\_\_

Parent's Names \_\_\_\_\_

Parent's Phone # Home \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Do you accept texting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Facebook? \_\_\_\_\_

Family Dr./Phone # \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Child's Cell \_\_\_\_\_ Texting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Child's Email \_\_\_\_\_

My Child's picture may be published on the church website. \_\_\_\_\_ Yes \_\_\_\_\_ No

My Child's picture may be published in the Davie Enterprise \_\_\_\_\_ Yes \_\_\_\_\_ No

