



CHILDREN'S SAFETY INFORMATION SHEET

Year: _____

Name _____ Birthdate ____/____/____

Address _____

City _____ Zip code _____

Parent's name _____

Home Phone _____ Mom work _____ Dad work _____

Cell Phone Mom _____ Cell Phone Dad _____

E-mail (Mom) _____

E-mail (Dad) _____

School _____ Grade _____

ALLERGIES/MEDICAL NEEDS _____

Other needs we should be aware of _____

Emergency contact _____

List any others, including older siblings, who have permission to pick up your child and their relationship to him/her. _____

Family Pick-up Password _____

Do we have permission to use your child's photo/video for church bulletin boards, facebook, website, church videos, and any printed materials for EBC?

Yes _____ No _____ (We will not identify children by name.)