GIRLS MINISTRIES HEALTH AND INFORMATION FORM

PLEASE PRINT INFORMATION CLE	(Year)		
Child's Name:	Nickname:	DOB:	
Address:			
Phone Nos.:	(Cell)		(Home)
Mother's Name:			
Address (If Different from Above):			
Phone Nos.:	(Cell)		(Home)
Father's Name:			
Address (If Different from Above):			
Phone Nos.:	(Cell)		(Home)
Parent/Guardian E-Mail Address:			
Does your child have any food or othe	er allergies? Yes	No	
If yes, please explain:			
Does your child have any physical cor activities? Yes No	ndition that would prev	ent participation in regular	
If yes, please explain:			
Is your child presently being treated for	or an illness? Yes	No	
If yes, please explain:			
Is your child taking any form of medica	ation? Yes No		
If yes, please explain:			

PLEASE COMPLETE FORM ON REVERSE SIDE

Where are you on Wednesday evenings? Please circle one:

OTHER SANCTUARY CHOIR

TEACHING/HELPING IN GIRLS MINISTRIES OR ROYAL RANGERS: ROOM NO.

*****NOT IN THE BUILDING*****
Phone Number Required

In the case of a medical emergency and you cannot be reached at the numbers you provided, please provide an emergency contact name and phone number. ***Please note that appropriate medical attention will be given if we cannot reach you or your emergency contact, or in a situation where it is necessary to provide such emergency attention for the health of the child.**

For Office Use Only:							
Forms Returned:		-					
Enrollment Fee Paid:		-	Cash	Check No.:			
Permission to Take Photos:	YES	NO					