



# Family Information Card

## 2024



Parents/Guardian—Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Guardian: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Emergency Contact Name/ Number: \_\_\_\_\_

Household Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child #1: Name: \_\_\_\_\_ Circle: Boy or Girl

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Does your child have allergies? (No Yes) If yes, please list:

\_\_\_\_\_  
Special instructions or other things we should know?

Child #2: Name: \_\_\_\_\_ Circle: Boy or Girl

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Does your child have allergies? (No Yes) If yes, please list:

\_\_\_\_\_  
Special instructions or other things we should know?

Child #3: Name: \_\_\_\_\_ Circle: Boy or Girl

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Does your child have allergies? No Yes If yes, please list:

\_\_\_\_\_  
Special instructions or other things we should know?

**From time to time we take pictures and use them in our newsletter or church Facebook page. Do we have permission to use pictures from your child/ren?**

**Yes No**