

Student Information Sheet

Name of Child: _____

Date of Birth: _____ Date of Baptism _____

Parents' Names(s): _____

Address(es): _____

E-Mail address: _____

Phone(s) #: _____ cell #: _____

Siblings' names and ages: _____

To whom should your child be dismissed after Sunday School?

In case you are unable to be reached, please provide an emergency contact name & phone #.

School child attends & current grade: _____

Allergies or special needs: _____

Other helpful information: _____