

Date \_\_\_\_\_ Service: \_\_\_\_\_ First Time Visitor? Yes or No

## Children's Ministry Information Sheet

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade for '19-'20: \_\_\_\_\_ School: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade for '19-'20: \_\_\_\_\_ School: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade for '19-'20: \_\_\_\_\_ School: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade for '19-'20: \_\_\_\_\_ School: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Where Parent/Guardian Will Be: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Other Information: \_\_\_\_\_

**\*\*Photo/Video Release:** For privacy and safety, we will not publish names with photographs/videos. I authorize the use/release of photographs and/or videos that include the INDIVIDUALS NAMED ABOVE for University Carillon use, in print and electronic materials (worship videos, e-mail blasts, church website, Facebook, etc).

- Photo/Video Release Given
- Photo/Video Release Denied

**Sign Here:** \_\_\_\_\_

\_\_\_\_\_ YES, I would like a Key Fob \_\_\_\_\_ NO, I would not like a Key Fob