

KID'S MINISTRY INFO SHEET



DATE:

LOCATION:

child one

MALE

FEMALE

NAME: _____

BIRTHDAY: ____/____/____ GRADE (2020-21): ____

SCHOOL: _____

ALLERGIES:

child one

MALE

FEMALE

NAME: _____

BIRTHDAY: ____/____/____ GRADE (2020-21): ____

SCHOOL: _____

ALLERGIES:

child one

MALE

FEMALE

NAME: _____

BIRTHDAY: ____/____/____ GRADE (2020-21): ____

SCHOOL: _____

ALLERGIES:

child one

MALE

FEMALE

NAME: _____

BIRTHDAY: ____/____/____ GRADE (2020-21): ____

SCHOOL: _____

ALLERGIES:

parents/guardians

SERVICE ATTENDED: 5 PM 8:45 AM 10 AM 11:30 AM

NAME(S): _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CELL PHONE: _____ EMAIL: _____

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

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