

Christ Church West River Sunday School

Child Information

Name _____

Birthday _____ Age _____

Allergies/Medical _____

Parent Information

Name(s) _____

Phone _____

Email _____

Preferred Contact Method(s) _____
Call Text E-mail

Additional Information

Allergies/Medical _____

Special Needs/Concerns _____

Permission to use unidentified photo of child on Church Media _____
Yes No

Signature _____