

# Student Information Sheet

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

Child has access to email: Yes / No If yes, please list: \_\_\_\_\_

Parent/guardian Info:

\*Mother's Name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

\*Father's Name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

\*Guardians: \_\_\_\_\_ Cell phone # \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Please list any Food Allergies or other health concerns we should be aware of:

\_\_\_\_\_

## **Emergency Contact Information**

In case of emergency during Sunday school, who should be contacted?

Name \_\_\_\_\_ Phone# \_\_\_\_\_

## **Sunday School Dismissal Plan**

\_\_\_ I will pick my child up at the classroom (Recommended for preK-1<sup>st</sup> grades)

\_\_\_ I will meet my child \_\_\_\_\_ (location)

Please discuss this plan with your child.