

Kidz Central Information Sheet

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(Parents) Home#: _____ Cell#: _____ Wk#: _____

Age: _____ Sex: _____ DOB: _____

School and Grade Completed: _____

Allergies: _____

Interests: _____

Parent's Name: _____

Emergency Contacts: _____

Child's Doctor: _____ Hospital Preference: _____

Email: _____

FOR VBS, who would your child prefer to be grouped with:

I, _____, give permission for the Staff at Christ Central Church in Rainbow City, Alabama, the right to care and perform basic first aid care on my child. If my child requires emergency care, I give permission for my child to be treated by emergency personnel until I can be reached.

Signature: _____ Date: _____