

Christ Episcopal Church

Information on Children for Teachers

Name of Child: _____ Nickname: _____

Birthdate: _____ Age and Grade: _____ School – City or County: _____

Baptism Date & Place: _____ Favorite Things to Do: _____

Sibling Names and Ages: _____

Parent or Guardian Names: _____

Parent or Guardian Address: _____

Parent/Guardian Email (where you most check email): _____

Additional Email Addresses: _____

PLEASE KEEP CELL ON VIBRATE IN CHURCH FOR EMERGENCIES

Name: _____ (Cell) _____ (Home) _____ (Work) _____

Name: _____ (Cell) _____ (Home) _____ (Work) _____

Name: _____ (Cell) _____ (Home) _____ (Work) _____

Name: _____ (Cell) _____ (Home) _____ (Work) _____

Where will you typically sit during the church service? _____

Child's allergies: _____

Child's medicines: _____

Child's special physical needs: _____

Child's special needs (Food Restrictions, Special likes, special dislikes): _____

Who is allowed to drop off/pick up your child? _____

Permission to take child's picture for bulletin boards, newsletter, or website: Yes _____ No _____

(Yes or No) Would you be willing to chaperone outings _____, assist teachers _____, monitor halls _____, help at the Christmas Pageant 12/24 _____? Other offers of your time? _____

Please consider taking Safeguarding God's Children Training when offered.