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**One form per youth, please.** Class begins at 9:15am and ends at 10:10am. Youths are released with the understanding they will proceed to join their families. The classroom is locked after dismissal.

Youth's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

**\*\*List authorized persons fully. ONLY this person/these persons may interact with your Youth at the classroom door, or provide a ride after class, should your Youth not yet be driving. Please inform your Youth as to whom this person is/these persons are. While Educators cannot be present at every exit, if there is any variance is noted, you will be called at the number listed below.\*\***

Cell number to contact if needed during class: \_\_\_\_\_

Siblings (if applicable): \_\_\_\_\_

Does the Youth have any special needs OR do you have concerns to share?    Yes    No

If yes, please describe: \_\_\_\_\_

Does the Youth have any allergies?    Yes    No

If yes, please describe: \_\_\_\_\_

Does the Youth have any health needs about which you wish us to know?    Yes    No

If yes, please describe: \_\_\_\_\_

**\*\*Note: Parent/Guardian will be called if a Youth experiences fever, gastrointestinal distress, or other flulike symptoms. St. Christopher does not administer prescribed or over the counter medication during Sunday childcare or Christian Education.\*\***

Are there any food items your Youth may not eat?    Yes    No

If yes, please list: \_\_\_\_\_

Please note that educators and childcare providers have been background checked and trained in preventing, recognizing, and reporting abuse.