



One form per child, please. Class begins at 9:15am. Please pick up your child by 10:10am, allowing teachers time for transition to worship. Please do not leave the campus while your child is in Christian Education. Please keep your current phone number on file in the classroom, so that you may be called to return should a need arise.

Child's Full Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name(s): _____

****List authorized persons fully. ONLY this person/these persons may pick up your child. ID will be checked if there is any variance from the person/s dropping off the child, and you will be called at the number on file.****

Cell number to contact if needed during stay: _____

Siblings (if applicable): _____

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

If yes, please describe: _____

Does the child have any allergies? Yes No

If yes, please describe: _____

Does the child 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 child experiences fever, gastrointestinal distress, or other flulike symptoms. Please pick up your child immediately. St. Christopher does not administer prescribed or over the counter medication during Sunday childcare or Christian Education.****

Are there any food items your child 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.