

preschool ministry



CHECK-IN INFORMATION FORM

Parent(s) Name(s) (mother | father | guardians):

_____ m | f | g

_____ m | f | g

Pick-Up: Regularly Authorized People Other Than Parents

Home Address*

Street _____

City | State | Zip _____

Dad's Cell (____) _____

Mom's Cell (____) _____

Contact Cell (____) _____

Parent's Email * _____

Child's Name * _____

Male or Female * Male | Female

Age _____

Birthdate * _____

mm | dd | yyyy

Permission to be photographed | filmed*
Yes | No

Does your child have an allergy, medical condition, learning difference, or any other special need of which our ministry team should be aware? Yes | No

If yes, please specify below:

zbcliberty.org/children

belong

believe

become