

Child Information Sheet:

Child's Name _____

Parent/Guardian's Names _____

Parent/Guardian's phone number:

E-mail _____

Child's Birthday _____ Age _____

Emergency Contact (name and phone number):

Does your child have Allergies? (please circle) yes no

If yes, please list:

People who may pick up child from faith formation:

Child's interests and favorite activities?

Parent/Guardian's signature _____