



**Constance Nursery & Sunday Adventure
Guest Information
2011-2012**

Parent(s) first and last name(s):			
Parent(s) birth date(s):			
Address:		City:	
Phone:			
State:		Zip:	Email:
We started attending Constance (date):	My children are attending (choose one):		
	O 4:30 p.m. Saturday	O 9:00 a.m. Sunday	O 10:45 a.m. Sunday
Children's names: First & Last			
Birth date & age as of September 1, 2011	Birth date: (m/d/yyyy) ____ - ____ - _____ Age: Sex:	Birth date: (m/d/yyyy) ____ - ____ - _____ Age: Sex:	Birth date: (m/d/yyyy) ____ - ____ - _____ Age: Sex:
Grade in Fall 2011 N=Nursery (8 weeks – 3 years) PS=Preschool (3 by Sept. 1, 2011) or list elementary grade K-5			
Allergies & Medical Information			
Special needs we should know to help your child:			

Children's names: First & Last			
Birth date & age as of September 1, 2011	Birth date: (m/d/yyyy) ____ - ____ - _____ Age: Sex:	Birth date: (m/d/yyyy) ____ - ____ - _____ Age: Sex:	Birth date: (m/d/yyyy) ____ - ____ - _____ Age: Sex:
Grade in Fall 2011 N=Nursery (8 weeks – 3 years) PS=Preschool (3 by Sept. 1, 2011) or list elementary grade K-5			
Allergies & Medical Information			
Special needs we should know to help your child:			

Important information for parents or guardians to know about Children's Ministries:

Constance Children's Ministries cares about your children. We want to keep them safe. A parent needs to come to the classroom to drop off (after check in) and pick up each child involved in Children's Ministries.

I understand that children involved in Children's Ministries may be in pictures or in videos on the church website or for similar publicity purposes. Concerns about this may be directed to Jill Discher, Director of Children's Ministries.

I/We have read the information. _____
Parent Signature Date