



GRACE FELLOWSHIP
SANFORD FLORIDA

Grace Fellowship Sanford - Children's Ministry

Children's Ministry Child Information Form

Date Form Completed: _____

Parent/Guardian Name(s): _____

Cell Phone(s): _____

(To contact parents in service as needed)

Email(s): _____

(To send out ministry updates & notices)

| Child Name | DOB | Age | Gender | Allergies | Nicknames, Notes, etc. | Toilet Training | Do you give permission for Children's Ministry Team to change diapers or assist child in bathroom as needed? |
|------------|-----|-----|--|-----------|------------------------|---|---|
| 1 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Diapers <input type="checkbox"/> Potty Training <input type="checkbox"/> Potty Trained | <input type="checkbox"/> Yes, you have permission. <input type="checkbox"/> Yes, by females only. <input type="checkbox"/> No, please text parent to do it. |
| 2 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Diapers <input type="checkbox"/> Potty Training <input type="checkbox"/> Potty Trained | <input type="checkbox"/> Yes, you have permission. <input type="checkbox"/> Yes, by females only. <input type="checkbox"/> No, please text parent to do it. |
| 3 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Diapers <input type="checkbox"/> Potty Training <input type="checkbox"/> Potty Trained | <input type="checkbox"/> Yes, you have permission. <input type="checkbox"/> Yes, by females only. <input type="checkbox"/> No, please text parent to do it. |
| 4 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Diapers <input type="checkbox"/> Potty Training <input type="checkbox"/> Potty Trained | <input type="checkbox"/> Yes, you have permission. <input type="checkbox"/> Yes, by females only. <input type="checkbox"/> No, please text parent to do it. |
| 5 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Diapers <input type="checkbox"/> Potty Training <input type="checkbox"/> Potty Trained | <input type="checkbox"/> Yes, you have permission. <input type="checkbox"/> Yes, by females only. <input type="checkbox"/> No, please text parent to do it. |