

# Preschool/Children

2018-2019

Please fill out one form per child

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Grade in school \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

## Emergency Contact Person

Name \_\_\_\_\_ Home Ph# \_\_\_\_\_

Cell# \_\_\_\_\_ Work Ph# \_\_\_\_\_ Email \_\_\_\_\_

Address (If different from student) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Alternate Contact Person

Name \_\_\_\_\_ Home Ph# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell# \_\_\_\_\_ Work Ph# \_\_\_\_\_

If your child should require attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the children ministry activity.

## Personal History

Pre-existing medical conditions \_\_\_\_\_

Name & dose of any medications that must be taken \_\_\_\_\_

Any Food Allergies? \_\_\_\_\_ Any Allergies to Meds.? \_\_\_\_\_

Heart Condition \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy/Nervous Disorders \_\_\_\_\_

Frequent stomach upsets \_\_\_\_\_ Physical Handicap \_\_\_\_\_ Any major illnesses in the last year \_\_\_\_\_

If any above are checked, please give details. \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Behavior or learning issues \_\_\_\_\_

## Check all that apply:

**SUNDAY SCHOOL** Class enrolled: \_\_\_\_\_ Age and \_\_\_\_\_ Grade

**CHOIRS** TO ENROLL: \_\_\_3's \_\_\_4's & K \_\_\_Music Makers (1<sup>st</sup>-3<sup>rd</sup>) \_\_\_Young Musicians (4<sup>th</sup>-5<sup>th</sup>)

**MISSION** CLASS TO ENROLL: Missions Friends \_\_\_\_\_ Age \_\_\_\_\_ Birthdate

GA's (girls) \_\_\_1<sup>st</sup> \_\_\_2<sup>nd</sup> \_\_\_3<sup>rd</sup> \_\_\_4<sup>th</sup> \_\_\_5<sup>th</sup>

RA's (boys) \_\_\_1<sup>st</sup> \_\_\_2<sup>nd</sup> \_\_\_3<sup>rd</sup> \_\_\_4<sup>th</sup> \_\_\_5<sup>th</sup>

**DOES THIS CHILD PLAY A MUSICAL INSTRUMENT?** \_\_\_\_\_ **WOULD THEY SPEAK IN A WORSHIP SERVICE?** \_\_\_\_\_

Photo/Internet Release Statement: I understand, as a participant of all TBC Children's Ministry activities, I or my student may be photographed during normal activities and these photos may be posted on the TBC Ministry website or displayed at church. I always reserve the right to pull any picture off the site that I may deem necessary.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_