

Yellow Creek Baptist Church CHILD INFORMATION SHEET



Name of Child _____

Address _____

Phone Number _____

Date of Birth _____

Parents or Guardians _____

Father's Occupation _____

Mother's Occupation _____

Siblings: Names & Ages _____

Does child attend Day Care? _____

Pets & their names _____

Fears _____

Allergies, if any _____

Does child use special words when needing to use the restroom?

Additional information _____

