

HOLY SPIRIT CONFERENCE CHILD INFORMATION SHEET

CHILD NAME: _____

GRADE THIS FALL: _____ **BIRTHDAY:** _____ **AGE:** _____

1st PARENT/GUARDIAN'S NAME: _____

CELL PHONE: _____ ***Can we text you: Y**____ **N**____

ADDRESS: _____

EMAIL ADDRESS: _____

LODGING WHILE IN GREEN LAKE: _____

2nd PARENT/GUARDIAN'S NAME: _____

CELL PHONE: _____ ***Can we text you: Y**____ **N**____

ADDRESS: _____

EMAIL ADDRESS: _____

LODGING WHILE IN GREEN LAKE: _____

MAY WE TAKE PICTURES OF YOUR CHILD FOR USE ON HSRM'S WEBSITE? Y____ **N**____

SIBLINGS:

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

MEDICAL INFORMATION

ALLERGIES/HEALTH CONCERNS:

LEARNING DISABILITIES/SPECIAL CARE INSTRUCTIONS:

ADDITIONAL CHILD INFORMATION AND PICKUP PERSONS WE NEED TO KNOW ABOUT ON THE BACK!

Parent Signature _____ **Date** _____

ADDITIONAL CHILD INFORMATION:

ADDITIONAL AUTHORIZED PICKUP PERSON

NAME _____ **RELATIONSHIP** _____

ADDITIONAL AUTHORIZED PICKUP PERSON

NAME _____ **RELATIONSHIP** _____

ADDITIONAL AUTHORIZED PICKUP PERSON

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