



INFORMATION FORM

Parent/Guardian name: _____

Address: _____
Street City State Zip

Cellphone Number: _____ Email: _____

Child's Name Age/Grade

Are there any allergies or medical concerns we should know about?

Child's name Description

I give permission to take my child's **picture** for classroom projects and/or church website Yes _____ No _____ **video**? Yes _____ No _____

Parent/Guardian Signature _____

Date _____