

# 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**

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**ADDITIONAL AUTHORIZED PICKUP PERSON**

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**ADDITIONAL AUTHORIZED PICKUP PERSON**

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_