

Stepping Stones

Child Information Form

Today's Date: _____

Full Name of Child: _____

Nickname: _____

Date of Birth: _____

Is Child Baptized?: _____ Date: _____

Parents Name(s): _____

Address: _____

Home Phone: _____

Email: _____

Does the Child have allergies? ___ Yes ___ No

If Yes, what is the child allergic to?: _____

May the Child have apple juice, and animal or graham crackers for snack?: _____

Describe some of the activities your child enjoys: _____

Who is allowed to pick up your child after worship?: _____

Is there anything your child's teachers should be aware of?: _____

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