

Children's Ministry 2018 Information Sheet

Child's Full Name: _____

Child's Age: _____ Child's Birthdate: _____

Child's Current Grade: _____ Child's School: _____

Allergies/Medical Concerns:

Child Interests (favorite snacks, movies, things to learn/talk about, etc.):

Primary Contact Full Name: _____

Relationship to Child: _____

Primary Contact Phone Number: _____

Primary Contact Email Address: _____

Secondary Contact Full Name: _____

Relationship to Child: _____

Secondary Contact Phone Number: _____

Secondary Contact Email Address: _____

Please complete and turn into Savanna Craig (Children's Ministry Coordinator) at church or by
email (childrensministry@cumcshelby.org) by **Sunday, February 25.**