

Welcome to South Rock Christian Church!! We are glad you are here!!

Child' s Name: _____ **Age:** _____ **Birthdate:** _____

Circle Gender: M / F Circle Grade in school 2018-19: Pre-K Kindergarten 1st 2nd 3rd 4th 5th

Allergies, Special Needs and/or Additional comments: _____

It is okay for photographs to be taken of this child by SRCC Kids Ministries for church communications/promotional purposes. YES NO

Please note this child' s primary residence (both parents, shared custody, grandparents, etc.)

Any additional children may be added to the bottom half of this form

Parent/Guardian Contact Name(s): _____

Mailing Address: _____

*(Mom' s) Cell Number: _____ Email Address: _____

*(Dad' s) Cell Number: _____ Email Address: _____

** Parents listed on this card will be contacted if a situation arises that needs your attention. A text will go to the phone numbers listed on this card during worship service, or we will locate the parent/guardian on the premises and relay the message or need.

Is there anyone we can thank for inviting you to South Rock Christian Church? _____

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