

Date: _____

EASTPOINTE CHRISTIAN CHURCH
Hand in Hand Children's Ministry

1st Time _____ Guest _____ No Adult _____
(Guests need not complete the Household and Emergency Contact sections)

Child's Information:

(additional children can be listed on the back)

Name: _____ Gender: M _____ F _____

Age: _____ Grade: _____ Birthday: _____

School: _____ E-mail: _____

Important Information we need about your child
(allergies, special needs, medications, any unusual concerns, etc.)

Do we have your permission to get immediate medical help in case of an emergency?
(ECC always has CPR & first-aid trained staff on location)

Yes _____ No _____

Household Information:

Parent's /Guardian's Name: _____

Home# _____ Work # _____ Cell # _____

Address: _____ Apt # _____

City: _____ State _____ Zip _____

Emergency Contact: (in case we cannot reach you)

Name: _____ H, C, W Phone # _____
(circle one)

Relationship to child if other than parents: _____

List all individuals that are authorized to pick you your child

Parent/Guardian Location While At Eastpointe Christian Church

Sunday 1st Hour Class ___ / FLC ___ 2nd Hour Class ___ / FLC ___
Wednesday: Women's ___ Men's ___ Seekers Co-Ed ___ Journey Co-Ed ___

