



Southwest Christian Church
Children's Ministry Events

Last Name: _____ Home Phone # _____

Parent's Names: _____

Child's Name: _____ Age: _____ Grade _____

Child's Name: _____ Age: _____ Grade _____

Child's Name: _____ Age: _____ Grade _____

Email address: _____

Address: _____

City: _____ Zip: _____

Alternate Phone #'s

(1) _____ (2) _____

Who else is authorized to pick up your child(ren)

(1) _____ Phone # _____

(2) _____ Phone # _____

(3) _____ Phone # _____

PLEASE LIST ALLERGIES OR CONCERNS

Name: _____ Allergy/Concern: _____

Name: _____ Allergy/Concern: _____

Name: _____ Allergy/Concern: _____

EMERGENCY RELEASE FORM

I, _____, give
Southwest Christian Church and its workers permission to authorize
medical treatment for the above children in the event of an emergency
in which I am unable to be reached.

Parent Signature: _____ Date: _____