

West Weaver Baptist Church Waiver

Child's Name: _____

Age: _____ DOB: _____ Last Grade Completed: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

Phone Number

Cell: _____ Home: _____ Work: _____

Emergency Contact

Name: _____

Relationship to Child: _____ Phone Number: _____

Name: _____

Relationship to Child: _____ Phone Number: _____

Does your child have any food allergies? Y / N

If yes, please list: _____

Please list any other medical information we may need to know:

Does your child attend Sunday School? Y / N

If yes, where? _____

Do we have permission to use photos of your child on social media/website? Y / N

If yes please sign below:

Note: Parent/Guardian and the two listed emergency contacts will be the only ones that will be allowed to pick-up your child. Please bring picture ID. Names listed should match that contacts picture ID. Children will be dropped off at the physical address listed above only.

Thank you! We look forward to sharing God's Word with your child.