

**First Baptist Church Smithfield, NC**

**Child Information Sheet**

**Date completed** \_\_\_\_\_

Child's full name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email address \_\_\_\_\_ Alternate Email \_\_\_\_\_

**With whom does the child live?** (parents, guardians, other adults)

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

**Siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Do they live with this child? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Do they live with this child? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Do they live with this child? Yes \_\_\_ No \_\_\_

**Security information:** Who **IS** allowed to pick up your child? ( please list any other trusted adults.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is **NOT** allowed to pick up your child?

\_\_\_\_\_  
\_\_\_\_\_

**In case of emergency** and parent/legal guardian cannot be reached, whom should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Known Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

Other special instructions or information \_\_\_\_\_

**Signature of person completing this form** \_\_\_\_\_

Printed name of person completing form \_\_\_\_\_

**Attaching pictures is entirely optional.**

[Child's Name]

[Child's name] & family

[Name]

Photo of child

Picture of  
Child with  
family

Picture of  
other  
approved  
person(s)

Mother/guardian: \_\_\_\_\_  
cell phone # \_\_\_\_\_

Dad/guardian: \_\_\_\_\_  
His cell phone # \_\_\_\_\_

Allergies/sensitivities \_\_\_\_\_  
\_\_\_\_\_

These people can pick me up \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These people can't pick me up \_\_\_\_\_  
\_\_\_\_\_

Last updated \_\_\_\_\_