

Hebron Fellowship Baptist Church

Child Information Form

Student Name (Last, First): _____

Parents' Name (Last, First): _____

Email Address _____

Phone Number _____

Alternate Emergency Contact (Last, First) _____

Birthday: _____ Age: _____

Grade: _____

Please answer the following questions:

1. Does your child have any food allergies?

2. Does your child take medication for a reaction to the above listed food allergies?

3. Does your child have any other allergies?

4. Does your child take medication for a reaction to the above listed allergies?

5. Any additional food restrictions?

6. Has your child been baptized to be eligible for participation in Holy Communion?

Parent's Signature: _____

Date: _____