



First Covenant Church

400 E. Pike St. Seattle, WA 99251

(206) 322-7411

sfcc@seattlefirstcovenant.org

CHILD INFORMATION SHEET

Today's date: _____

Full name of child: _____

Name child is called: _____

Date of birth: _____

Is the child baptized? Yes _____ No _____

Address: _____

Home phone: _____ E-mail: _____

Parents' names: _____

Who lives in the home with child? (name, relationship to child, age): _____

Has the child been in Sunday school before: Yes _____ No _____

If yes, where? _____

Insurance carrier: _____ Policy number: _____

Food allergies? _____

In the event of an emergency, I give First Covenant Church permission to act on my behalf in seeking emergency treatment for my child if deemed necessary. I give permission to those administering emergency treatment to do so. I absolve First Covenant Church from liability in acting on my behalf in this regard.

Signature: _____ Date: _____