

Family surname: _____
Today's date: _____

Church of St. Martin-in-the-Fields Children's Ministries Information

--This information is used only by church staff to contact you. Please check here if we may include the parents' email, address and/or work telephone in the parish directory, or make note here if any of this information needs to be safeguarded.

Parents' names:

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Home Address:

Street _____
City, Zip _____
Phone _____
E-mail _____

Home Address:

Street _____
City, Zip _____
Phone _____
E-mail _____

Work Phones:

Parent name and phone:

Parent name and phone: _____

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Parent name and phone:

Parent name and phone: _____

What is the most effective way of reaching you?
(check one) ___ phone ___ e-mail ___ regular mail

What is the most effective way of reaching you?
(check one) ___ phone ___ e-mail ___ regular mail

Child's name _____
Nickname _____
Date of birth _____
Grade: ___ School: _____
Child's e-mail _____

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Nickname _____
Date of birth _____
Grade: ___ School: _____
Child's e-mail _____

Baptism (include year, name and location of church)

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Any medical or other information we should know?

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Where will your child be on Sunday morning
(check all that apply)

___ Church School/Youth Program
___ 10:15 Service
___ Child Care

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