



CHILDREN'S MINISTRY CHECK-IN AND OUT INFORMATION SHEET

As Calvary Chapel Kaneohe moves towards a new check-in and out system in the children's ministry we need to update the information for the students and parents who have been with us for a while and get information from new students and parents. Please fill out the information below and return to your child's Sunday School teacher next weekend. If you need more space for the household, please write the information down on a separate paper and attach it to this sheet. If there is someone you do not want to pick-up your child please indicate that below. Thank you!

FAMILY/HOUSEHOLD:

First and Last Name: _____

Mom: ____ Dad: ____ Other (grandparent, aunty, uncle): _____

Marital Status (circle one): Single Married Widowed

Home Address: _____

Email Address: _____

Home number: _____ Cell number: _____

First and Last Name: _____

Mom: ____ Dad: ____ Other (grandparent, aunty, uncle): _____

Marital Status (circle one): Single Married Widowed

Home Address: _____

Email Address: _____

Home number: _____ Cell number: _____

First and Last Name: _____

Mom: ____ Dad: ____ Other (grandparent, aunty, uncle): _____

Marital Status (circle one): Single Married Widowed

Home Address: _____

Email Address: _____

Home number: _____ Cell number: _____

First and Last Name: _____

Mom: ____ Dad: ____ Other (grandparent, aunty, uncle): _____

Marital Status (circle one): Single Married Widowed

Home Address: _____

Email Address: _____

Home number: _____ Cell number: _____

UNAUTHORIZED PICK-UP:

First and Last Name: _____

Home Address: _____

Relationship to Child: _____

CHILD/CHILDREN:

First and Last Name: _____

Gender: _____ Birthdate: _____

Current Grade (preschool through 6th grade): _____

Allergies : _____

If child has allergies, please list symptoms: _____

Other information you would like to share: _____

First and Last Name: _____

Gender: _____ Birthdate: _____

Current Grade (preschool through 6th grade): _____

Allergies : _____

If child has allergies, please list symptoms: _____

Other information you would like to share: _____

First and Last Name: _____

Gender: _____ Birthdate: _____

Current Grade (preschool through 6th grade): _____

Allergies : _____

If child has allergies, please list symptoms: _____

Other information you would like to share: _____

Print Name: _____

Signature: _____ Date: _____