

JEFFERSON BAPTIST CHURCH

KIDZONE CHURCH QUESTIONNAIRE

Please take a moment to fill out this questionnaire. We desire to have current information to keep children safe on our campus. *(1 form per family)*

Parents' names _____ **Cell phone # for labels** _____

Mailing address _____

Street address _____

City _____ State _____ Zip _____

Email _____

Child's Name	Birthdate	Grade	Church Paging #
1) _____	_____	_____	_____

2) _____

3) _____

(write on back if needed)

Food / allergies: _____

Other medical/special needs: _____

Adults allowed to pick-up child besides parent: (Grandparents, friend, etc.) **Please list**

Jefferson Baptist Church Permissions

I give permission for the following:

- Help my child in bathroom (up to age 5)
- Change my child's diaper
- Photo/video online (web, livestream, facebook, etc)
- Photo in print publications

Signature

Date