

Welcome to



Parent's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Child's Full Name: _____

Birthdate: _____ Grade: _____ School: _____

My child has the following diagnosis, medical condition or learning difference:

My child has the following allergies and/or food sensitivities:

Child's Full Name: _____

Birthdate: _____ Grade: _____ School: _____

My child has the following diagnosis, medical condition or learning difference:

My child has the following allergies and/or food sensitivities:

Child's Full Name: _____

Birthdate: _____ Grade: _____ School: _____

My child has the following diagnosis, medical condition or learning difference:

My child has the following allergies and/or food sensitivities:

We often use photography to capture moments in SG Kids. Before your child's photo can be displayed on our church social media sites, we must have your permission. We want to make sure that you feel comfortable with having your child's picture being used on this form of media. We will never use any personal information such as your child's name or other personal identifier. Only their picture will be displayed.

Signature: _____ Date: _____