

KidsServe



Setting the stage for service to others

Name (FIRST, LAST)		Grade for 2008-2009	
Birthday (Month/Day/Year)	School		
Home Address		City	Zip Code
Email Address		Home Telephone Number	
Mom		Dad	
Mom's Cellphone Number		Dad's Cellphone Number	
Mom's Work Number		Dad's Work Number	
Emergency Contact		Emergency Contact	
Family Physician's Name and Telephone Number		Insurance Provider	
Medical Information or Allergies			
<p><i>In the event of a medical emergency I authorize the person or persons in charge of leadership at Church of the Epiphany to obtain medical assistance and treatment for my child in my behalf.</i></p>			
<p>_____</p> <p>Parent's Signature</p>		<p>_____</p> <p>Date</p>	
Is there anything you or your child would like us to know?			