

**Friedens United Church of Christ
Contact Information Form**

Parent Name(s)			
Household Mailing Name			
Mailing Address			
Child's Name	Birth Date		
Grade	School		
Child's Name	Birth Date		
Grade	School		
Child's Name	Birth Date		
Grade	School		
Child's Name	Birth Date		
Grade	School		
Child's Name	Birth Date		
Grade	School		
Include Family in Directory			
Cell Phone			
Parent Contact Number(s)			
General Text Messaging			
Youth Ministry Reminder Text			
Email Address(es)			
Youth Email Address(es)			
Allergies (please label if more than one child has allergies)			
Emergency Contact			
Emergency Contact Number			
Who is allowed to pick up your child from children and youth activities?			
Comments (anything special we should know about your family or child to better serve you)			

For Families:

I give permission for Friedens UCC to seek medical treatment for my child(ren) should it be necessary in my absence.

Parent signature _____ **Date** _____