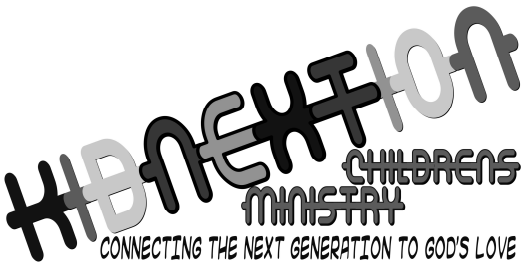

Date Last Updated _____ Security # _____

Kidnextion Children's Ministry Information & Security Form

Please complete one form per child

Child's Information:

Last Name:_____ First Name:_____

Birthday:_____ Gender: ☐ M ☐ F Grade / Age:_____

Address:_____

City:_____ State:_____ Zip:_____

For your child's comfort, please tell us the following as completely as possible:

Please list any medical concerns or allergies:

_____

Please list any fears:

_____

Please list other siblings & their ages this child has:

_____

Please list any dietary needs your child may have (allergies, foods not allowed etc.)

_____

Parent's Information:

Last Name:_____

Mom's First Name:_____ Dad's First Name:_____

Home Phone #:_____ Other Phone:_____

Please list those individuals that are authorized to check your child in and out of Kidnextion

Name:_____ / Relation to Child:_____

Name:_____ / Relation to Child:_____

Name:_____ / Relation to Child:_____

Name:_____ / Relation to Child:_____

Baby & Toddler Information

Feeding info & time: Milk/Formula at:_____ Juice At:_____

Misc. : ☐ Use Pacifier in Bag ☐ Drinks From Cup ☐ Cup In Bag

Special diapering / Toileting Instructions:_____

Preschooler Information

Toileting Instructions: ☐ Child Will Tell You ☐ Please Remind Them

Special Instructions:_____

_____