

# Franklin First United Methodist Church

**KIC Jr. (Kids In Church)**

**(Grades 1-3)**

**2009 - 2010**

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Parent's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address (include zip code) \_\_\_\_\_ School \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ e-mail address \_\_\_\_\_

If the need arises to contact someone concerning your child, list the phone numbers that we should try in order of priority. (Example: 1. Home, 2. Babysitter, 3. Car phone)

## **Who & Where**

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Medical information pertinent to the care of your child: (list medications and allergies)

List who can pick up your child: