



JESUS PEOPLE MINISTRIES CHURCH INTERNATIONAL

Kid's Church Number

PARENT INFORMATION FORM

CHILD'S INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Male Female D.O.B. ____ / ____ / ____ Age _____

Home Address _____

City _____ State _____ Zip _____ Home Phone # _____

PARENT INFORMATION

Parent/Guardian's Name _____ Home Phone # _____

Email Address _____

Parent/Guardian's Name _____ Home Phone # _____

Email Address _____

PARENT'S DESIGNEES

Name #1 _____ Relationship _____ Phone # _____

Name #2 _____ Relationship _____ Phone # _____

Name #3 _____ Relationship _____ Phone # _____

Name #4 _____ Relationship _____ Phone # _____

JPMCI will release your child ONLY to the parents and designee(s) listed above.

MEDICAL INFORMATION

Physician's Name _____ Phone # _____

Does your child have any chronic illnesses, allergies, mental or physical limitations?

Yes No If yes, please explain. _____

NOTE:

Your child's welfare is of the utmost importance. In case of an emergency, and if the parent's designee cannot be reached we will act upon our own judgment.

By signing, I state that I have read and understand the release policies of Jesus People Ministries Church International, Inc.

Parent/Guardian (Signature)

Parent/Guardian (Print Name)