

Bible Fellowship Group Information Sheet Precious Jewels

Child's Name _____

Address: _____

Home Phone: _____

Birthday: _____ Age: _____

Allergies: _____

Toilet Trained _____

Seizures (type, frequency, etc): _____

Medications (name, side effects, when last taken, etc): _____

Menstrual Cycle: _____

Preferences:

Likes: _____

Dislikes: _____

Please describe any additional health concerns and/or physical behaviors the group leaders need to be aware of : (biting, runner, pincher, etc.) _____

Father's Name: _____ Cell Number: _____ Email: _____

Mother's Name: _____ Cell Number: _____ Email: _____

Parent's LOCATION during 9:45am service _____ 11:00am service _____

Consent for Photography Use

I give my permission to _____, photographer, and Salem Baptist Church to photograph me and/or my dependent(s) _____ under 18 years old. I understand the term "photograph" encompasses still photographs, audio recording and video footage. I consent to the use of these photographs for purposes of promoting Salem Baptist Church, its programs and events, in print, video and on the internet.

Signature

Printed Name

Date

_____ Relationship to Dependent(s) if applicable