

KIDVENTURE MINISTRIES ~ VENTURE CHRISTIAN CHURCH

Household (Last) Name _____

_ Today's Date _____

Parent/Guardian 1: Name _____ Gender _____
Relationship to child _____

Parent/Guardian 2: Name _____ Gender _____
Relationship to child _____

Address _____
City _____ State/Zip Code _____

Home Phone _____ Cell Phone (in case
of an emergency) _____

Parents Location at: 9:15AM _____
11:00AM _____

Others who are authorized to pick up children (must be 16 years or
older) _____

Child 1: First Name _____ Last Name _____
Birthdate _____

Gender _____ Grade _____ Allergies/comments: _____

Child 2: First Name _____ Last Name _____
Birthdate _____

Gender _____ Grade _____ Allergies/comments: _____

Child 3: First Name _____ Last Name _____
Birthdate _____

Gender _____ Grade _____ Allergies/comments: _____

Child 4: First Name _____ Last Name

_____ Birthdate

Gender _____ Grade _____ Allergies/comments:

Child 5: First Name _____ Last Name

_____ Birthdate

Gender _____ Grade _____ Allergies/comments:

Child 6: First Name _____ Last Name

_____ Birthdate

Gender _____ Grade _____ Allergies/comments: