

# SPRINGHOUSE KIDS information

Parent or Guardian *(please print clearly)*

or  Relative  Friend

Today's Date

**Child's First and Last Name**

**Gender**

**Birthday**

**School & Grade**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M / F  
M / F  
M / F

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(list additional kids on back)*

Address *(of who brought child)*

City

State

Zip

Home Phone

Cell Phone *(in case your child needs you)*

Email

*Allergies*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sunday 9:00 a.m.**  **Sunday 10:45 a.m.** |  **First Time Visitor**  **Updating Information**

*I hereby grant permission for Springhouse Church to record pictures or videos of my child(ren) mentioned above while on the church property or at a church-sponsored event. I also give permission to Springhouse Church to use these images or videos in church print and online publications including church websites and social networks.*