

# Crossroads Kids Child Information Form

Crossroads Church | 7100 Fair Oaks Blvd, Carmichael, CA 95608

**VALID JULY 2024 - JULY 2025**

Child's FIRST & LAST Name \_\_\_\_\_

Birthday (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Grade for 2024-2025 School Year \_\_\_\_\_

ALLERGIES or MEDICAL CONDITIONS (please list in detail below)

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ALLERGIES or MEDICAL CONDITIONS (please list in detail below)

## PARENT/GUARDIAN INFORMATION

FIRST & LAST Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relation to Child \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

## **EMERGENCY CONTACT**

FIRST & LAST Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relation to Child \_\_\_\_\_

## PHOTO RELEASE

I HEARBY GIVE MY PERMISSION FOR CROSSROADS CHURCH TO RECORD AND RELEASE PICTURES OR VIDEOS OF MY CHILD(REN) FOR CHURCH OR CHURCH-SPONSORED EVENTS.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_