

_____ Last name

Lighthouse Family Information Card

Please list children oldest to youngest

Child's name	Boy / Girl	____/____/____ Birthday	____ Grade
_____	_____	____/____/____	____
_____	_____	____/____/____	____
_____	_____	____/____/____	____
_____	_____	____/____/____	____
_____	_____	____/____/____	____

Mother/Legal Guardian name _____ Phone # _____
Birthday ____/____/____

Father/Legal Guardian name _____ Phone # _____
Birthday ____/____/____

Address _____
City _____ State _____ Zip _____

Email _____

Emergency Contact person _____ Phone # _____
Relationship to child _____

Allergies: _____ Child _____
Allergies: _____ Child _____
Allergies: _____ Child _____

Any special instructions: _____

You may may not use my child's picture in any church publicity

Date information card completed: _____