



**MESQUITE CHURCH OF CHRIST  
CHILDREN'S MINISTRY  
FAMILY INFORMATION FORM**

Administrative Use Only  
Date Completed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Mother's Information**

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father's Information**

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Adults authorized to pick up child: Child will only be released to parents or those mentioned here:

Names: \_\_\_\_\_  
\_\_\_\_\_

The children listed below are a guest of: \_\_\_\_\_

CHILD INFORMATION: *Please fully complete the entire section for each child in the family.*

**Child 1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Instructions/Allergies: \_\_\_\_\_  
Interests/Hobbies: \_\_\_\_\_

**Child 2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Instructions/Allergies: \_\_\_\_\_  
Interests/Hobbies: \_\_\_\_\_

**Child 3**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Instructions/Allergies: \_\_\_\_\_  
Interests/Hobbies: \_\_\_\_\_

**Child 4**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Instructions/Allergies: \_\_\_\_\_  
Interests/Hobbies: \_\_\_\_\_