

Guardians Room # \_\_\_\_\_

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## LEE'S SUMMIT COMMUNITY CHURCH Kid's B.L.A.S.T. ALTERNATE CARE

Today's Date \_\_\_\_\_

Attendee \_\_\_\_\_

**Meeting Type (circle):** Bible Study-Weekly/Bible Study-Bi-Weekly/MOPS/Teacher

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

Mom's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
LAST FIRST

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list any special concerns that we should be aware of (allergies, physical limitations, etc.):

Are there any behavioral issues we should be aware of with your child? If so, how would you prefer the teacher respond?

My child has my permission to attend KIDS BLAST children's program at Lee's Summit Community Church

with \_\_\_\_\_. (Relationship to child) \_\_\_\_\_

In case of emergency, \_\_\_\_\_ has my permission to get medical treatment as needed for my child. Our information is listed below.

Family Physician Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

List anyone NOT allowed to pick up your child ***If there are individuals who are restricted by law from having contact with your child, please contact the Children's Ministry office.*** \_\_\_\_\_

Emergency pick up contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature