

Messiah Christian School

Student Information Sheet

Child's Full Name _____ **Date of Birth** _____

Name you wish MCS to call your child _____

List age, place, and type of previous group experiences _____

Name and ages of siblings _____

School District where child resides _____

Child's Primary Language _____ Ethnic Background(optional) _____

Parent(s) Information

Mother

Name _____ Occupation _____ Daytime Phone _____

Father

Name _____ Occupation _____ Daytime Phone _____

Marital Status:(circle one) Married Divorced* Single Separated* Widowed

*Who has primary custody of your child? _____

Religious Background

We attend _____ church.

We are/are not members (*circle one*).

Hand Sanitizer Permission

My child _____ has permission to use hand sanitizer as a supplement, not a replacement, for hand washing when necessary.

Parent's Signature _____

Official Contact and Pick-up List

As required by state law: YOUR CHILD CANNOT BE SENT HOME WITH ANYONE OTHER THAN THOSE LISTED BELOW WITHOUT YOUR WRITTEN CONSENT!

They must be picked up by an adult - 18 years or older.

My child has permission to go home with (*INCLUDE PARENTS):

Name	Relationship	Phone #
*1. _____	_____	_____
*2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

If you decide to add anyone to the list, you must inform the office in WRITING.