



C.N. Jenkins Memorial Presbyterian Church

Children's Ministry Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Grade: _____

Any Allergies Y/N (list)? _____

Parent/Legal Guardian Information

Parent 1: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Relation to the child? Mother Father Legal Guardian

Parent 2 : _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Relation to the child? Mother Father Legal Guardian

Emergency Contact

Please list two emergency contact persons other than the parents or legal guardians.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and I give consent for all persons on this form to pick-up my child in my absence.

Signature: _____ Date: _____