

# DaySpring Kids

CHILD INFORMATION FORM

**This CONFIDENTIAL DOCUMENT is to be completed by a parent / guardian of the child or children listed. Please answer the questions below.**

*NB: If you have more than two children, please just use an additional form.*

DaySpring Member  Visitor

Parent / Guardian Full Name/s: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## CHILD ONE

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  KidsChurch  KinderChurch  ToddlerChurch

Year at School (if applicable): \_\_\_\_\_

Allergies/Medications/Special Dietary Needs: \_\_\_\_\_

If child is in ToddlerChurch please also complete the following:

Toilet Training:  Yes  No  In Progress      Attending Pre-School:  Yes  No

## CHILD TWO

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  KidsChurch  KinderChurch  ToddlerChurch

Year at School (if applicable): \_\_\_\_\_

Allergies/Medications/Special Dietary Needs: \_\_\_\_\_

If child is in ToddlerChurch please also complete the following:

Toilet Training:  Yes  No  In Progress      Attending Pre-School:  Yes  No

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\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date