



Student Information Card

_____ <male> <female>
Last Name First Name Middle Name circle one

_____ Street Address City State Zip

Date of Birth: _____ Phone Number: _____

Grade: _____ School: _____

Do you regularly attend church somewhere? <yes> <no> If Yes, where? _____

Would you like to be hear more about Shelby Christian Church or be contacted by a member of the staff? <yes> <no>

_____ Parent/Guardian Name

_____ Parent/Guardian Name

_____ Work/Cell Number

_____ Work/Cell Number

Please list the people who have permission to pick your child up from Shelby Christian Church, including yourself:

_____ Name & Phone number

_____ Name & Phone number

_____ Name & Phone number

_____ Name & Phone number

(continued on back)

In Case of Emergency, Call:

Name, Phone number, & Relationship to child

Name, Phone number, & Relationship to child

Please list any medical information we need to be aware of concerning your child (special needs, allergies, hearing, sight, etc.).

Please list any prescription medication and dosage your child is taking.

Do we have your permission to transport your child to the Shelby Memorial Hospital in case of an emergency? (This will only be used if the injury/illness is life threatening or if all other means of contacting emergency numbers have failed.) Please initial in the appropriate space:

_____ YES _____ NO

Family Physician: _____ **Phone Number:** _____

Additional comments or information about your child you think we should be aware of:

Office Use Only

Date:

Event:

Entered Date:

Letter Sent:



200 North Hickory Street
Shelbyville, IL 62565
Phone: (217) 774-2716

www.shelbychristianchurch.org
e-mail: office@shelbychristianchurch.org

I, _____ (Parent/Legal Guardian's Name), give my complete approval and assume full responsibility for the safety and well-being of our child upon their departure from school to attend Shelby Christian Church's Thursday Afterschool Program. Furthermore, we agree to allow our child to be released to the care of a representative of Shelby Christian Church to be picked up from school grounds.

This release shall be good for 1 school year.

Student's Name _____ Grade _____

Signature of Parent or Legal Guardian _____

Date _____