


Kidtown Information Sheet

Parent/Guardians' Names _____

Address _____

Contacts:

Home _____

Cell _____ Email _____ (Mother)

Cell _____ Email _____ (Father)

Please complete the information below for any child in a Kidtown Program at BVCC (birth to 5th grade) and make sure to include a last name if it is different from the parent's.

Child 1. Name _____ Birthday _____

Age _____ Grade _____ School _____

Allergies _____

Educational or behavioral needs that we should be aware of

Child 2. Name _____ Birthday _____

Age _____ Grade _____ School _____

Allergies _____

Educational or behavioral needs that we should be aware of

* add any additional children to the back of this page.

Here in Kidtown, we ask that each parent serve monthly in the programs that their child is involved in.

During which Sunday morning service would you prefer as your time to serve?

9:30 _____

11:00 _____

Which part of Kidtown would you prefer?

Birth – 5yrs _____

Elementary _____