



ST. MARY'S CHILD INFORMATION FORM (2019-2020)

Child's Name: (Last, First – or name preferred)		Birthday: MM-DD-YYYY
		- -
Parent/Guardian Name: (Last, First)	Circle One:	Phone #
	Mother Father Guardian	Cell:
		Other:
Parent/Guardian Name: (Last, First)	Circle One:	Phone #
	Mother Father Guardian	Cell:
		Other:
Child's Home Address:	Email Address(es) for St. Mary's Mailing List:	
Street:		
City:		
State:	Zip:	School Attending:
		Grade:
Media Release: Regarding photographs and videos of my child taken at any St. Mary's Episcopal Church events, I give permission to do the following for nonprofit use and without charge: use at the discretion of St. Mary's Episcopal Church, display at a service or event or be used in a multimedia presentation, reprint and distribute for any St. Mary's non-profit publication to accompany when used (for example, in The Annunciation, brochures, emails, etc.), to include quotes, display photographs or videos clips on the St. Mary's Episcopal Church website, on St. Mary's social media pages. Therefore, I agree to indemnify and hold harmless the church, its trustees, rector, associate rectors, vestry, members, and designees from any claims arising out of the use of my child's photographs and videos. <div style="text-align: right;">Parent/Guardian Initial _____ Date _____</div>		
Medical Information:		
Allergies:	Does your child take medication for his/her allergies?	

Other Medical Needs: (please circle all that apply)		
My child has asthma.	My child wears glasses.	My child wears hearing aids.
My child has dietary restrictions.	My child is diabetic.	My child has mobility restrictions.
Other Medical Needs or further explanation of needs listed above:		

HELP US GET TO KNOW YOUR CHILD!

At St. Mary's, we respect the individual qualities and needs of ALL of our parishioners. In order for us to meet the needs of all our children, please check or fill in any of the following boxes that may apply to your child. If you would like to discuss your child's needs further, please call, email, or set up a meeting with Amelia McDaniel, St. Mary's Lay Associate for Christian Formation at amcdaniel@stmarysgoochland.org or (804) 784-5678.

- My child has attentional difficulties compared to his/her same age peers.
- My child loves to move.
- My child follows directions easily.

Other:

- My child works best with other children.
- My child works best independently.
- My child loves to talk.
- My child is very quiet.
- My child learns easily by listening.
- My child learns easily by observing.
- My child learns easily through hands-on activities.
- My child loves to build with _____
- My child loves to create with _____
- My child loves to be challenged to figure something out. (logically or mathematically)
- My child loves music and/or dancing.

As a parent, how are you interested in being involved with Children's Ministries? (Check all that apply)

<input type="checkbox"/>	Substitute Teaching	<input type="checkbox"/>	Parenting Socials/Groups
<input type="checkbox"/>	Nursery Volunteer	<input type="checkbox"/>	Bible Study
<input type="checkbox"/>	Christmas Lessons and Carols	<input type="checkbox"/>	Vacation Bible School
<input type="checkbox"/>	Lenten Children's Program	<input type="checkbox"/>	Outreach Opportunities

