LC3 FAMILY INFORMATION SHEET

Parents Names _____

Date:			_
First Time Visitor?	Υ	٥r	N

Address					
AddressStreet	City	Zip			
E-Mail	Cell	(can we text you?)			
Please list any special circumstances you feel w	e need to know at	oout your o	child(ren) on the b	ack of this form.	
I give permission to LC3 to use videos/photos of YES or NO Parent Sign	my child(ren) on mature:				
Child's Name	Grade	Age	Date of Birth	Allergies	
<u> </u>					
Thank You for allowing us the bless	sing or snaring tr	ie iove oi	Christ with your	CHIIQ!	
Date:					
LC3 FAMILY INFORMATION SH	<u>EET</u>	First Time Visitor? Y or N			
Parents Names					
AddressStreet	City			Zip	
E-Mail	Cell	(can we text you?)			
Please list any special circumstances you feel w	e need to know at	oout your o	child(ren) on the b	ack of this form.	
I give permission to LC3 to use videos/photos of	f my child(ren) on	church so	cial media/publica	tions/emails/etc.	
	nature:		•		
Child's Name	Grade	Age	Date of Birth	Allergies	

Thank You for allowing us the blessing of sharing the love of Christ with your child!!!