

Date: _____

First Time Visitor? Y or N

LC3 FAMILY INFORMATION SHEET

Parents Names _____

Address _____
Street City Zip

E-Mail _____ Cell _____ (can we text you?)

Please list any special circumstances you feel we need to know about your child(ren) on the back of this form.

I give permission to LC3 to use videos/photos of my child(ren) on church social media/publications/emails/etc.
YES or NO

Parent Signature: _____

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!

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