

# Compass Kids Family Information

DATE: \_\_\_\_/\_\_\_\_/2023

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dad Cell #: \_\_\_\_\_ Mom Cell #: \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_ #: \_\_\_\_\_

Email: \_\_\_\_\_

School(s) attended by child(ren): \_\_\_\_\_

Child: \_\_\_\_\_ Grade: \_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child: \_\_\_\_\_ Grade: \_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child: \_\_\_\_\_ Grade: \_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child: \_\_\_\_\_ Grade: \_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

During a **Sunday Service**, which parent/guardian(not big brother or sister) would like to receive a text if we need to reach you?

☐ Dad's Cell    ☐ Mom's Cell    ☐ Other: \_\_\_\_\_

During a **Wednesday Night Service** which parent/guardian(not big brother or sister) would like to receive a text/call if we need to reach you?

☐ Dad's Cell    ☐ Mom's Cell    ☐ Other: \_\_\_\_\_

Do any of your children have food allergies? \_\_\_\_ No \_\_\_\_ Yes

If yes, please list: \_\_\_\_\_

Any medical condition that we need to know? \_\_\_\_ No \_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_