

# Light of the World Church

## GLOW Child Information Sheet

Thanks for giving our children's ministry team the opportunity to share the love of God with your child. Please fill out this form, so that we can best serve your family, and contact you in case of an emergency.

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Month

Day

Year

Child's Grade in school (if applicable): \_\_\_\_\_

Person who brings child to LOTW:

\_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_\_ Relationship to child: \_\_\_\_\_

Has your child been baptized? Y      N

If so, we will be celebrating their baptismal birthday during GLOW. Baptismal date: \_\_\_\_\_

Month/Date

If there is an emergency during GLOW, we may need to contact you in the sanctuary by texting and/or calling your cell phone. Cell phone where you can be reached on Sunday mornings:

\_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

\_\_\_\_\_

Does your child have any other allergies or conditions of which we should be aware? \_\_\_\_\_

\_\_\_\_\_