Wonderful Wednesday

Student Information Sheet

Student's Name: _____ Name they go by: _____

Date of Birth: _____/_____/_____ Gender: _____ Grade: _____

Address: _____

School: _____Home Church: _____

Allergies: _____

Medical Concerns: _____

Mother/Guardian Name: _____ Email: _____

Place of Employment: _____

Home Phone:(___)_____ Work Phone:(___)_____ Cell Phone:(___)_____

Father/Guardian Name: _____ Email: _____

Place of Employment: _____

Home Phone:(___)_____ Work Phone:(___)_____ Cell Phone:(___)_____

Child Resides With: _____

Name and Grade of other children in the home:

_____

Emergency Contact Information

In the case that the parent/guardian is unavailable in an emergency, please contact the following:

_____

Name Phone Number Relationship to Child

_____

Name Phone Number Relationship to Child

Community Church
a United Methodist Congregation

309 College Ave. Fruitland Park ✳ 352-787-1829 ✳ www.communityumc.church