

ST-ANDREW'S

Children's Ministry

Please fill out the card completely. Additional children may be listed on the back.

Child's First Name _____ Last Name _____

Birthdate _____ Grade _____ School _____

Allergies or Special Needs _____

Family's Mailing Address _____

City _____ State _____ Zip Code _____

Mother _____ Mobile Number _____ Home Number _____

Email Address _____

Would you like to receive our Children's Ministry e-newsletter? Yes, of course! No

Father _____ Mobile Number _____ Home Number _____

Email Address _____

Would you like to receive our Children's Ministry e-newsletter? Yes, of course! No

Is there anything you would like to share about your child or your family that would better enable us to serve your child?
Please provide details on the back of this card. If there is anything that you wish to discuss privately, please contact the
Children's Ministry Director, Elizabeth Jenkins (EJenkins@StAndrews.Church or 843.284.4329

Child #2

Child's First Name _____ Last Name _____

Birthdate _____ Grade _____ School _____

Allergies or Special Needs _____

Child #3

Child's First Name _____ Last Name _____

Birthdate _____ Grade _____ School _____

Allergies or Special Needs _____

Child #4

Child's First Name _____ Last Name _____

Birthdate _____ Grade _____ School _____

Allergies or Special Needs _____