

Student Information Sheet

Today's Date _____

(1) Child's Name _____

Date of birth _____ Age/School Grade _____

(2) Child's Name _____

Date of birth _____ Age/School Grade _____

(3) Child's Name _____

Date of birth _____ Age/School Grade _____

(4) Child's Name _____

Date of birth _____ Age/School Grade _____

(5) Child's Name _____

Date of birth _____ Age/School Grade _____

Guardian Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Allergies (please circle) Milk Peanuts Other _____

Special Concerns _____

Security Code

Power House

Full Blast

Other _____



HARVEST
BIBLE CHAPEL