

COLONIAL WOODS MISSIONARY CHURCH  
CHILD INFO CARD NURSERY - 5<sup>th</sup> Grade

School Year 2006-2007  
 Sunday  Wednesday  
 Male  Female

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent's/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthday \_\_\_\_\_ Dr. \_\_\_\_\_

Allergies \_\_\_\_\_ Dietary Restrictions \_\_\_\_\_

Age/Department:

<input type="checkbox"/> Nursery	<input type="checkbox"/> Fours	<input type="checkbox"/> 2 <sup>nd</sup> Grade	other siblings name/age
<input type="checkbox"/> Ones	<input type="checkbox"/> Fives	<input type="checkbox"/> 3 <sup>rd</sup> Grade	_____
<input type="checkbox"/> Twos	<input type="checkbox"/> Kdgn.	<input type="checkbox"/> 4 <sup>th</sup> Grade	_____
<input type="checkbox"/> Threes	<input type="checkbox"/> 1 <sup>st</sup> Grade	<input type="checkbox"/> 5 <sup>th</sup> Grade	_____

Name(s) of persons other than parent to whom the child may be released:

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yes  no **CWMC has permission to authorize emergency medical treatment.**  
Parent/Guardian Signature \_\_\_\_\_ date \_\_\_\_\_