

Stewartstown Baptist Church
18631 Five Forks Road
Stewartstown, PA 17363
717-993-6382



A GIFT OF TIME
SIBLING INFORMATION FORM

Personal information

Child's name _____ Birthday _____ Grade _____ Age _____

Child lives with: _____ both parents _____ mother _____ father _____ guardian

The Family Information Form contains the same information fields below. If you have completed that, and it is the same information, you do NOT need to complete this section.

Father's/Guardian's name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____

Mother's/Guardian's name _____

Address _____ Same as above _____ Different: _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____

Home church (if any) _____

Church city: _____ Senior Pastor's Name: _____

Sibling Information

Please share any information about your child that would help us ensure a successful visit at SBC. Please include any medical information we might need to know (allergies, food allergies/restrictions, history of seizures, etc.).

Does your child attend school? _____ Yes _____ No If yes, where? _____

Medical and Insurance Information

Child(ren)'s Primary Physician

Name: _____

Phone: _____

Insurance Provider

Company Name: _____ Policy Number: _____

Emergency Contact/Other Authorized Persons to pick up child IN CASE OF AN EMERGENCY, THE FOLLOWING PERSONS MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY CHILD: (At least one contact must be provided. Positive identification must be provided before your child will be released.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

SIGNED: _____ DATE: _____

Parent or Guardian