

CMC KIDS' MINISTRY
PARENT INFORMATION FORM

Please Print

CONTACT: Cindie McReynolds: 573.475.0479

Parent, Grandparent, Guardian Names:

1. _____
2. _____
3. _____
4. _____

Address: _____

Phone Number: _____

Kid(s) Name and Birthdate:

-
1. _____
 2. _____
 3. _____
 4. _____

Allergies? _____

Dietary Restrictions/Preferences for Snacks: _____

Any suggestions for our kid's ministry department? _____

CAN YOU HELP US??????

We need Volunteers! Check: Heck YES! _____. Or. No-Thank you: _____

If yes, please see Cindie McReynolds to find out where you can get plugged in! If no-thank -you, zero judgment! Just please find somewhere to serve in our amazing church family!