

# WELCOME TO SHILOH RANCH COWBOY CHURCH

## CHILDREN'S SERVICE

Please complete the following so that we may get to know your child and provide the appropriate care while here at SRCC.

Name \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent or Guardian Name/s \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell # \_\_\_\_\_

Email address: \_\_\_\_\_

Does your child have allergies or a medical condition we need to be aware of?

NO \_\_\_\_\_ YES \_\_\_\_\_ Please explain: \_\_\_\_\_

Can your child use the restroom facilities independently? Yes \_\_\_\_\_ No \_\_\_\_\_

*If no, we will contact you during service by calling the above cell. (Please have on vibrate)*

Regularly attend service:

Sunday 9:00 \_\_\_\_\_ Sunday 10:30 \_\_\_\_\_ Monday 7:00pm \_\_\_\_\_ Varies \_\_\_\_\_

**THANK YOU FOR SHARING YOUR GREATEST  
BLESSING WITH US ©**