

Community of Grace Family Information Form

This annual information update helps COG keep accurate communication records for our members and participating friends.

Please list names of all family members who would like to be included in regular mailings, emailings, and communication regarding Community of Grace happenings throughout the year.

Last Name: _____

Address _____ City/Zip _____ Home Phone _____

Adult Name(s) (18 or Older) <small>(See children chart below)</small>	Member	Non Member Mail Request	Email	Cell/work phone
1.				_____
2.				_____
3.				_____
4.				_____

- ◇ Yes, I want to retain a church member mailbox located in the church hallway to receive communication.
- ◇ No, I do not want to retain my church mailbox.

Children and Youth Programming Info:

Parent/Guardian Name(s) _____

Family email contact _____

Emergency Contact Name/Phone # _____

Children (birth-12th grade)	Sex	B-day	Grade	Food/Bee allergies
1.				
2.				
3.				
4.				

Information regarding developmental, social, learning, health or other issues that would help us minister to your child: *Please list medical needs i.e. epi-pen, etc.*

Child/Youth name(s) and comments: _____

Please note: You, your child or youth may be photographed as you/they engage in ministries of Community of Grace Presbyterian Church. Parents will be asked to sign a release for any personally identifiable student image that is posted on our website.