

M(Please Name ___Linsay _____)

Child's Age ___3___ Child's Birth Date ___07/29/21___ Child's Grade _____

Parent/Guardian Name(s) ___jinhee kim_____

Home Phone _____ Work Phone _____ Mobile ___678 822 8542_____

Email ___zzazang1004@hotmail.com_____ Preferred Contact Method
___mobile_____

EMERGENCY INFORMATION

Emergency Contact 1 ___jinhee kim_____ Phone ___678 822
8542_____

Emergency Contact 2 ___ji tae kim_____ Phone ___404 834
5882_____

Allergies or Special Needs _____

DISMISSAL

Who may pick up your child at the end of each VBS day?

Name ___jinhee kim_____ Relationship ___mom_____

Name _____ Relationship _____

Parent/Guardian Signature Jinhee Jinhee Kim_____

Date ___06-13-24_____

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