

Interfaith Center for Spiritual Growth Youth Information Sheet

Name- _____

Birthdate- _____

Home Address- _____

Who child lives with (parents, siblings, elders, pets)-

Guardian 1 name and contact info-

Guardian 2 name and contact info-

Name and phone number of any other adult (if any) who is authorized to pick up/drop off my child at ICSG- _____

Other Emergency Contact- _____

Medical concerns or allergies- _____

Child's interests- _____

Things we should know about your child-

Things I love about my child- _____

My child is great at- _____

My child needs extra help with- _____

My child would like to learn about- _____

Past/current religious practices- _____

ICSG has permission to use my child's photograph publicly for promotion purposes. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

_____I agree _____I chose to deny ICSG this permission

Signature- _____.

Date- _____