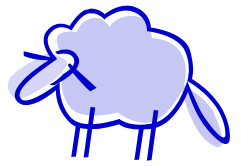


# OAPC Childcare Card



Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Sunday School Class: \_\_\_\_\_

Sibling(s) Name(s) & Age(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

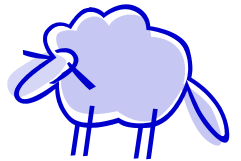
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_

Comments: \_\_\_\_\_

Would you be willing to assist in the Nursery from time to time?      Yes    No

# OAPC Childcare Card



Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Sunday School Class: \_\_\_\_\_

Sibling(s) Name(s) & Age(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_

Comments: \_\_\_\_\_

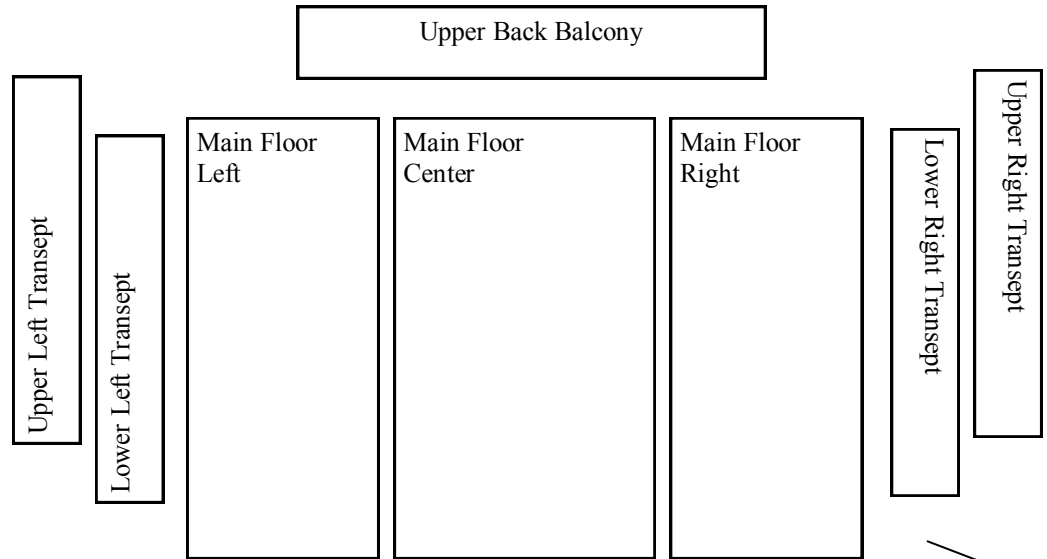
Would you be willing to assist in the Nursery from time to time?      Yes    No

Please put an "X" in the approximate location you sit in the sanctuary on Sunday mornings.



This will help us to locate you during worship, if necessary.

### *OAPC Sanctuary Diagram*



Please put an "X" in the approximate location you sit in the sanctuary on Sunday mornings.



This will help us to locate you during worship, if necessary.

### *OAPC Sanctuary Diagram*

