

**Idlewild Baptist Church
Special Needs Ministry
Parent Information Form**

Date _____

Parent(s) Name: _____

Address: _____

Home Phone Number: _____ Cell _____

E-Mail Address _____ @ _____

Bible Fellowship Class _____ Hour _____ Room _____

Do we have your permission to include your name, address, phone number and e-mail address in a directory of parents and volunteers in the Special Needs Ministry? This directory is distributed only to parents and volunteers involved in this Ministry.

Yes _____ No _____

Would you like to receive prayer requests via e-mail from parents and volunteers in the Special Needs Ministry? Yes _____ No _____

(All prayer requests are sent to the Special Needs Ministry Coordinator and forwarded to parents & volunteers.)