



New Guest Registration

New Guest Host: _____

Notes to pass along to the Kids' Director:

-----**PARENTS TO FILL OUT BELOW**-----

Today's Date: _____ Service: 9:00 OR 11:00

Last Name: _____ Father: _____ Mother: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number (will use this for computer check-in): _____

(Dad's cell) _____ (Mom's cell) _____

Primary Email Address(es): _____

How did you hear about us? _____

1. Child's Name: _____ Goes by: _____ Male _____ Female _____

Birthdate: _____ Grade/Class Placement: _____

Special Information (allergies, medication, custody issues, special needs):

Check YES or NO if you would like this info to be displayed on your child's name tag: ___ YES ___ NO

Severe Allergies: Does your child carry an EpiPen or AUVI-Q ___ YES ___ NO

2. Child's Name: _____ Goes by: _____ Male _____ Female _____

Birthdate: _____ Grade/Class Placement: _____

Special Information (allergies, medication, custody issues, special needs):

Check YES or NO if you would like this info to be displayed on your child's name tag: ___ YES ___ NO

Severe Allergies: Does your child carry an EpiPen or AUVI-Q ___ YES ___ NO

**Flip over to add more children

3. Child's Name: _____ Goes by: _____ Male _____ Female _____

Birthdate: _____ Grade/Class Placement: _____

Special Information (allergies, medication, custody issues, special needs):

Check YES or NO if you would like this info to be displayed on your child's name tag: _____ YES _____ NO

Severe Allergies: Does your child carry an EpiPen or AUVI-Q _____ YES _____ NO

4. Child's Name: _____ Goes by: _____ Male _____ Female _____

Birthdate: _____ Grade/Class Placement: _____

Special Information (allergies, medication, custody issues, special needs):

Check YES or NO if you would like this info to be displayed on your child's name tag: _____ YES _____ NO

Severe Allergies: Does your child carry an EpiPen or AUVI-Q _____ YES _____ NO

5. Child's Name: _____ Goes by: _____ Male _____ Female _____

Birthdate: _____ Grade/Class Placement: _____

Special Information (allergies, medication, custody issues, special needs):

Check YES or NO if you would like this info to be displayed on your child's name tag: _____ YES _____ NO

Severe Allergies: Does your child carry an EpiPen or AUVI-Q _____ YES _____ NO

6. Child's Name: _____ Goes by: _____ Male _____ Female _____

Birthdate: _____ Grade/Class Placement: _____

Special Information (allergies, medication, custody issues, special needs):

Check YES or NO if you would like this info to be displayed on your child's name tag: _____ YES _____ NO

Severe Allergies: Does your child carry an EpiPen or AUVI-Q _____ YES _____ NO