

VISITOR REGISTRATION FORM



TODAY'S DATE _____

PARENT /GUARDIAN INFORMATION

One Time Visitor or Looking for a Church Home (circle one) Visiting with _____

PARENT/GUARDIAN NAME _____ PHONE _____

ADDRESS _____

LOCATION AT 8 A.M. _____ 9:30 _____ 11 A.M. _____

IN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED, CONTACT:

NAME _____ PHONE _____

Medical Release

In the event my children are injured and I cannot be reached, I grant permission to the adult in charge of each of my sons/daughters to grant permission for emergency medical treatment, and I agree to be financially responsible for that treatment.

Authorized by _____ Date: _____ Relationship to Child: _____

FIRST CHILD'S NAME _____ M/F BIRTH DATE _____

GRADE IN SCHOOL, IF APPLICABLE: _____ KIDS' HARBOR CLASS _____

PLEASE LIST ANY SPECIAL CONCERNS WE SHOULD BE AWARE OF: (ALLERGIES, CUSTODY ISSUES, PHYSICAL, EMOTIONAL OR MENTAL CHALLENGES, AIDS, HIV, HEPATITIS) _____

SECOND CHILD'S NAME _____ M/F BIRTH DATE _____

GRADE IN SCHOOL, IF APPLICABLE: _____ KIDS' HARBOR CLASS _____

PLEASE LIST ANY SPECIAL CONCERNS WE SHOULD BE AWARE OF: (ALLERGIES, CUSTODY ISSUES, PHYSICAL, EMOTIONAL OR MENTAL CHALLENGES, AIDS, HIV, HEPATITIS) _____

THIRD CHILD'S NAME _____ M/F BIRTH DATE _____

GRADE IN SCHOOL, IF APPLICABLE: _____ KIDS' HARBOR CLASS _____

PLEASE LIST ANY SPECIAL CONCERNS WE SHOULD BE AWARE OF: (ALLERGIES, CUSTODY ISSUES, PHYSICAL, EMOTIONAL OR MENTAL CHALLENGES, AIDS, HIV, HEPATITIS) _____

FOURTH CHILD'S NAME _____ M/F BIRTH DATE _____

GRADE IN SCHOOL, IF APPLICABLE: _____ KIDS' HARBOR CLASS _____

PLEASE LIST ANY SPECIAL CONCERNS WE SHOULD BE AWARE OF: (ALLERGIES, CUSTODY ISSUES, PHYSICAL, EMOTIONAL OR MENTAL CHALLENGES, AIDS, HIV, HEPATITIS) _____