

# 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) \_\_\_\_\_