



Guest Registration

Date: _____

Children's Information

<u>Room #</u>	<u>Child's Name</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Grade</u>	<u>Allergies</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Child came to Calvary with: Parent Relative Neighbor Friend

Child's Address: _____

City/Zip _____ Home Phone # _____

Parent's Name: _____

Cell #: _____ Email: _____

*Cell Phone Service Provider: _____

*To help us communicate necessary and/or emergency information, please identify your mobile service provider to opt in to receive text messages. Calvary Church will not bother you with a lot of unnecessary text messages.

Child Brought By (if not parent):

Name/Phone #: _____

FOR YOUR CHILD'S SAFETY:

****You will be asked for Driver's License when picking up a child without the proper security tag****

Authorized Pick-up /Emergency Contact

Name/Phone #: _____

Name/Phone #: _____

Name/Phone #: _____

Parent/Guardian Signature: _____