

# VISITOR / REGISTRATION FORM

Parents, please fill in the top box. Thanks!



Name: \_\_\_\_\_

Birthday \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Church: \_\_\_\_\_

Invited By: \_\_\_\_\_

**Dates of Visit:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Church Attendance**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

<b>Entrance Booklet</b>	1	2	3	4	5	6	7	8	<b>Completed:</b>
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Check When Applicable:

**Parent Newsletter Issued:** \_\_\_\_\_

**Medical Release Returned** \_\_\_\_\_

**Post Card follow-up** \_\_\_\_\_

**Handbook & Uniform Ordered:** \_\_\_\_\_

**Paid in full:** \_\_\_\_\_