



CHILDREN'S MINISTRY GUEST FORM

Today's Date _____

I. Child's Name _____ Date of Birth _____

Grade (if applicable) _____ | Gender: M F (circle one) | 8:30AM 10:00AM (circle one)

Allergies _____

Can your child have Goldfish for a snack? Yes No

Can your child have Cheerios for a snack? Yes No

Does your child require special assistance in the classroom? (circle) Yes No

If so, what type of assistance? _____

II. Child's Name _____ Date of Birth _____

Grade (if applicable) _____ | Gender: M F (circle one) | 8:30AM 10:00AM (circle one)

Allergies _____

Can your child have Goldfish for a snack? Yes No

Can your child have Cherrios for a snack? Yes No

Does your child require special assistance in the classroom? (circle) Yes No

If so, what type of assistance? _____

Parent's Names _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Parent E-Mail Address _____

Parent's Location: 8:30AM 10:00AM (circle one)

I acknowledge that photographs or video will be taken of my child throughout the year and may be used in our celebration service, on the Cool Spring website and for promotional materials.

Parent Signature

Date

Office Use Only

I Child Class Assigned _____ Visitor or _____ New Member

II Child Class Assigned _____ Visitor or _____ New Member

III Child Class Assigned _____ Visitor or _____ New Member