

# Welcome to GCC Kids Ministries



Date of Visit: \_\_\_\_\_

**Parent/Guardian #1** Relationship to child(ren): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F

Cell # (in case of emergency): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Do you receive texts?: Y / N

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Parent/Guardian #2** Relationship to child(ren): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F

Cell # (in case of emergency): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Do you receive texts?: Y / N

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Parent/Guardian #3** Relationship to child(ren): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F

Cell # (in case of emergency): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Do you receive texts?: Y / N

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Child First Name	Child Last Name	Gender	DOB	Special Needs/Allergies

Would you like this information entered into our check-in system for your future visits?  Yes  No

For Office Use Only: