

Kid Zone Guest Registration

Mr. Mrs. Miss Ms.

Date: _____

Parent's Full Name: _____ Home Phone: _____

If you are not the parent, please indicate your relationship to the child(ren): Grandparent ___ Friend ___ Other ___

Address: _____

City: _____ State: _____ Zip: _____ Mom's Cell: _____ Dad's Cell: _____

Mom's Email: _____ Dad's Email: _____

May we text you in the event of an emergency? Yes ___ No ___

1 Child's Name (Include Last Name)	2 M/F	3 Medical Conditions/Allergies	4 Birthday M/D/Y	5 Current Age	Office Use Only Today's Group Assignment

Additional comments : _____

How did you find Village Church of Gurnee?

___ Friend ___ Website ___ Facebook ___ Drive by building ___ Other _____

We are glad you are here today. Please make sure to stop by the Welcome Center to receive your free gift!

OFFICE/REGISTRATION USE ONLY	Dates Visited: _____
Letter Sent: _____	_____
_____	_____
_____	_____