

KIDS CHURCH GUEST FORM

TODAYS DATE: _____

PARENT/GUARDIAN NAME(S):

CELL PHONE: _____

CHILD #1:

Full Name: _____

Age: _____

Grade: _____

Allergies/Disabilities: _____

CHILD #2:

Full Name: _____

Age: _____

Grade: _____

Allergies/Disabilities: _____

CHILD #3:

Full Name: _____

Age: _____

Grade: _____

Allergies/Disabilities: _____

CHILD #4:

Full Name: _____

Age: _____

Grade: _____

Allergies/Disabilities: _____



BAY HOPE
KIDS