



GBC Children's Ministry

# Guest Registration Form

Date: \_\_\_\_\_

Parents: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Claim #  
\_\_\_\_\_

Children	Birthdate	Gender	Age	Allergies/ Special Needs	Room #
1. _____	____/____/____	M / F	_____	_____	_____
2. _____	____/____/____	M / F	_____	_____	_____
3. _____	____/____/____	M / F	_____	_____	_____
4. _____	____/____/____	M / F	_____	_____	_____
5. _____	____/____/____	M / F	_____	_____	_____

Comments: \_\_\_\_\_

Attendance:

--	--	--	--

Visitor Letter Sent      Date: \_\_\_\_\_

Made Permanent      Date: \_\_\_\_\_