



new guest information



Today's Date ____/____/____ Service Hour 1st 2nd 3rd Hour

Parent / Guardian Information

Full Name _____ Cell Phone _____
Email _____ DOB ____/____/____
Relationship to Child: Father Mother Other

Full Name _____ Cell Phone _____
Email _____ DOB ____/____/____
Relationship to Child: Father Mother Other
Home Address _____ Home Phone _____
City _____ State _____ Zip _____
Did you come with a Friend? Yes No

Children's Information

1. Full Name _____ Grade _____
 Male Female Allergies _____ DOB ____/____/____

2. Full Name _____ Grade _____
 Male Female Allergies _____ DOB ____/____/____

3. Full Name _____ Grade _____
 Male Female Allergies _____ DOB ____/____/____

Do all children live at the listed address above? Yes No

Is there any additional information about your child(ren) that would be helpful for us to know?
Examples: In foster care, has special needs, sensory processing issues, etc.

Media Release

I grant Northpoint Church, it's representatives, and employees the right to take photographs, video, and/or electronic images of any member of my family in the Family Ministry environments. I Authorize Northpoint Church to copyright, use, and publish the photographs video, and/or electronic images in print and/or electronically - with or without our names - for any lawful purpose to highlight and promote Family Ministry environments. My signature below indicates that I have read and understand the above statement of release

Parent Signature _____