



GUEST CHILD - HOUSEHOLD REGISTRATION

Date: _____

Guest children from the same household being registered today:

1: _____ 2: _____

3: _____ 4: _____

LEGAL GUARDIAN Information

Name(s): _____

Cell Phone: (____) ____-____ Verizon Texting? Yes No

Email: _____

Street: _____

City/State/Zip: _____

If you are not Legal Guardian, DROP OFF GUARDIAN Information

Name(s): _____

Relationship to Children: _____

Cell Phone: (____) ____-____ Verizon Texting? Yes No

If you have Never Registered Your Household here before:

Email: _____

Street: _____

City/State/Zip: _____

Friends Church Office Use: PP F1



CHILD'S CHECK IN SLIP

Date: _____

Child's Name: _____

Pick Up Guardian's Name: _____

Cell Phone: (____) ____-____

Birth Date: ____/____/____

Gender: Male Female

IF a Preschooler, Years Old: _____ **OR** Current Grade _____

Any Food Allergies? _____

Any Security or Medical Concerns? _____

COMPLETED BY ASSISTED CHECK IN STAFF:

CLASS ROOM #: _____ PAGER # (0-3 years old): _____

Friends Church Office Use: PP F1



CHILD'S CHECK IN SLIP

Date: _____

Child's Name: _____

Pick Up Guardian's Name: _____ Cell Phone: (____) ____ - _____

Birth Date: ____/____/____

Gender: Male Female

IF a Preschooler, Years Old: _____ **OR** Current Grade _____

Any Food Allergies? _____

Any Security or Medical Concerns? _____

COMPLETED BY ASSISTED CHECK IN STAFF:

CLASS ROOM #: _____	PAGER # (0-3 years old): _____
---------------------	--------------------------------

Friends Church Office Use: PP F1



CHILD'S CHECK IN SLIP

Date: _____

Child's Name: _____

Pick Up Guardian's Name: _____ Cell Phone: (____) ____ - _____

Birth Date: ____/____/____

Gender: Male Female

IF a Preschooler, Years Old: _____ **OR** Current Grade _____

Any Food Allergies? _____

Any Security or Medical Concerns? _____

COMPLETED BY ASSISTED CHECK IN STAFF:

CLASS ROOM #: _____	PAGER # (0-3 years old): _____
---------------------	--------------------------------

Friends Church Office Use: PP F1



CHILD'S CHECK IN SLIP

Date: _____

Child's Name: _____

Pick Up Guardian's Name: _____

Cell Phone: (____) ____ - _____

Birth Date: ____/____/____

Gender: Male Female

IF a Preschooler, Years Old: _____ **OR** Current Grade _____

Any Food Allergies? _____

Any Security or Medical Concerns? _____

COMPLETED BY ASSISTED CHECK IN STAFF:

CLASS ROOM #: _____ PAGER # (0-3 years old): _____

Friends Church Office Use: PP F1