



HOUSEHOLD REGISTRATION

Date: _____

Names of Children in this Household being registered today:

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

LEGAL GUARDIAN Information

Name(s): _____

Relationship to Children: _____

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

Email: _____

Street: _____

City/State/Zip: _____

If you would like to authorize other people to pick up your child(ren), request an Other Authorized form from the Assisted Check In team or obtain from the church website under Grow->Children.

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



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