

Preschool & Children's Visitor Information

Date _____

Child's Name (First) _____ (Last) _____

Date of Birth _____ Age _____ Grade _____ Sex _____

Person(s) Bringing/Picking Up Child

First Name

Last Name

Relationship

1. _____

2. _____

3. _____

Address _____

Street

City

State

Zip

Phone Number _____ Email _____

Special Instructions/Allergies _____

Did you come with a friend? Y N Friend's Name _____

Is family active in church? Y N Church Name _____

Where May We Find You? _____

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