



GUEST REGISTRATION

| Childs Full Name <i>Please print legibly</i> | Nickname | M/F | Birth Date | 2019-20 Grade | Allergies, Health Concerns, Special Needs |
|---|----------|-----|------------|------------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Parent(s)/Guardian(s) _____

Home Phone (____) _____ Cell Phone (____) _____

Street Address _____

City, State, Zip _____

Email Address _____

Who do you know at Keystone? _____

How did you hear about us? _____

We enjoy using photos and videos of children in our church literature as well as on our website and facebook. If you DO NOT want your child's picture used for such purposes, please indicate any restrictions here. Your child will not be identified by name. (Blank indicates okay)

OFFICE USE:

1st date ___/___/___ 1st 2nd
 2nd date ___/___/___ 1st 2nd

3rd date ___/___/___ 1st 2nd
 4th date ___/___/___ 1st 2nd

Out of Town Guest
 Brought by a Friend
 Please Enroll _____ initials