



GUEST REGISTRATION

Child's 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:

Child's Group Assignment: #1 _____ #2 _____ #3 _____ #4 _____

1st date ___/___/___ Exp: 1st, 2nd 3rd date ___/___/___ Exp: 1st, 2nd

2nd date ___/___/___ Exp: 1st, 2nd 4th date ___/___/___ Exp: 1st, 2nd

Out of Town Guest

Brought by a Friend

Please Enroll _____ initials