

Today's Date: _____

Adult Names	Cell Phone #	Room #
Please list each individual visiting.		

_____	_____	_____
_____	_____	_____

Children's Names	Grade	Birthdate	Room #
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_____	_____	____/____/____	_____
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1 Please list any allergies, special needs, or medical conditions we should know to help us care for your child:

2 Please list any allergies, special needs, or medical conditions we should know to help us care for your child:

3 Please list any allergies, special needs, or medical conditions we should know to help us care for your child:

4 Please list any allergies, special needs, or medical conditions we should know to help us care for your child:

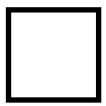
Address _____ **Apt.** _____

City _____ **State** _____ **Zip** _____

Email _____

Do we have permission to photograph or video your child for the purpose of promotion?
 Yes **No**

Unless otherwise told, we will allow either parent to pick up your child from the Preschool or Children's classes with a parent pickup sticker. You may want to arrange a meeting spot for your student (grades 6-12). If there is anyone who should not have access to your child, please list the name(s) below:



Welcome Center: Please make copies of this form and take to each class the family is visiting in. If there is any other information we need to know, please use the back of this form and check the box so we know to look on the back.