



DATE: \_\_\_\_\_

- Member     
  Repeat Visitor     
  First Time Visitor     
  One Time Guest

Kingsland Campus Service Attending:

- Traditional 9:00     
  Traditional 10:30     
  Element 10:30

<b>Parent/Guardian #1</b>	
Cell Phone	
Email	
<b>Parent/Guardian #2</b>	
Cell Phone	
Email	

<b>Children's Names</b>	<b>DOB</b> (mm/dd/year)	<b>Grade</b> 2024/2025 School Year	<b>Allergies and/or Special Needs</b>	<b>Gender</b>

<b>Home Address</b>	
<b>Neighborhood</b>	
<b>School Name(s)</b>	

I understand my child(ren)'s photo may be taken in class and used for in-church publications.	(Parent/Guardian Initial)
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