

Office use only:

1st ____ 2nd ____ 3rd ____ 4th ____ Welcome Letter ____ Postcard ____
Blue Sheet ____ New Family Letter ____

Visiting Family Information

Date _____

Parent/Guardian Name(s) _____

Street Address (or P.O. Box) _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Phone: Home phone# _____ Cell phone# _____

Children's Names and Ages:

(Please be specific when giving us info about allergies and potty training):

1. Child's Name _____ Birthdate/Age _____/____

Allergies _____ Potty Training _____

2. Child's Name _____ Birthdate/Age _____/____

Allergies _____ Potty Training _____

3. Child's Name _____ Birthdate/Age _____/____

Allergies _____ Potty Training _____

4. Child's Name _____ Birthdate/Age _____/____

Allergies _____ Potty Training _____

For Nursery Age Children:

May we give your child (ren) a snack? _____

May we change your child (ren)'s diaper? _____

Can we use Cell # to page during service? YES NO

Please let us know of any other information that would be helpful for volunteers when caring for your child _____

Thank You!!

Crossroads Community Church Children's Ministries