

Kidzville Family Registration

Please complete every area below. DATE: _____

First Time Guests

We are JUST VISITING today (after 3 visits, child will be added to class list and nametag will be made).

Regular Attenders

We plan to REGULARLY ATTEND EV Free.

Please update our FAMILY INFORMATION.

If you can serve in weekend children's ministries, please check box below.

Weekly

Once a Month

Once a Quarter

Once a Year

Other _____

PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____ Relationship to Child(ren) _____

First Name _____ Last Name _____ Relationship to Child(ren) _____

CHILDREN INFORMATION

First Name	Last Name	New X	Birthdate M/D/Y	Boy/Girl	Age	Grade	School	Allergies/Special Instructions	Claim # Kidzville Use Only

Please use the back to add more children and check box.

Family Address: _____
Street City State Zip

Home Phone: _____/_____ Dad's Work Phone: _____/_____ Mom's Work Phone: _____/_____

Emergency/Cell #: _____/_____ E-Mail: _____

This information will be used for ministry purposes only.

CHILDREN INFORMATION CONTINUED

First Name	Last Name	New X	Birthdate M/D/Y	Boy/Girl	Age	Grade	School	Allergies/Special Instructions	Claim # Kidzville Use Only



For Kidzville Use Only

Entered By: _____ Date: _____

Family #: _____ Name Tag Made Claim Tag Made

Follow-Up By: _____ Date: _____