

Guest Registration

Today's Date ____/____/____ This is my ☐ 1st, ☐ 2nd, ☐ 3rd, ☐ other CrossPointe visit

Father's Name _____ mobile# _____

☐ Single Parent

Mother's Name _____ mobile# _____

☐ Single Parent

Address _____

City _____ St _____ Zip _____ Home Phone _____

Email _____



Child was brought today by: (*Other than parent*) Name _____

Relationship: ☐ Friend ☐ Relative ☐ Neighbor

Child's Name	Birthday	Age	Gender	School Grade
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please list any special care instructions such as allergies, conditions, etc. _____

Home Church (if any) _____ (Be sure to specify which child. This info will print in your name tag)