



Guest Check-In Card

Welcome to CrossLife Church!

Please complete information for each child, Birth - 5th Grade:

Child's Name _____ **Office Use**
 Gender: M F Birthdate _____ Grade: _____

Child's Name _____
 Gender: M F Birthdate _____ Grade: _____

Adult's Name _____
 Relationship to Child _____

Adult's Name _____
 Relationship to Child _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

_____ Visiting a friend or relative for the weekend

*****Be sure to complete an Allergy Alert sticker if your child has food allergies.*****

Special Instructions _____



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