



Guest Check-In Card

Welcome to CrossLife Church!

Please complete information for each child, Birth - PreK:

Child's Name _____

Office Use

Gender: M F Birthdate _____

Child's Name _____

Gender: M F Birthdate _____

Adult's Name _____

Relationship to Child _____

Adult's Name _____

Relationship to Child _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Location of Parent: 9:30 _____

11:00 _____

*****Please complete an Allergy Alert sticker if your child has food allergies.**

How did you hear about our church?

- Friend/Relative Driving By Ad
- Website Social Media Other: _____

Pager # _____