

GUEST INFORMATION SHEET -- KidConnect

DATE: _____ PARENT NAME: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____ HOME ADDRESS: _____

WHERE CAN WE FIND YOU? _____

Sanctuary
Other

FOOD ALLERGY?

CHILD: _____ DOB: _____ SCHOOL GRADE: _____

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CHILD: _____ DOB: _____ SCHOOL GRADE: _____

CHILD: _____ DOB: _____ SCHOOL GRADE: _____

CHILD: _____ DOB: _____ SCHOOL GRADE: _____

FOOD ALLERGY INFORMATION: _____

OTHER THINGS WE SHOULD KNOW: _____

----- STAFF USE ONLY -----

Small Group: _____
2nd Visit: _____
3rd Visit: _____
4th Visit: _____