



Kortright Presbyterian Church

VISITOR REGISTRATION for CHILDREN'S MINISTRY

Date _____ **FAMILY NAME** _____

Brought by (name) _____ Relationship to child(ren) _____

Mother _____ Father _____

Family Address: _____ City _____ Postal Code _____

Phone # _____ Email _____

Authorizing Pick-Up: list the names of people other than parents who are authorized to pick up your child. Please be prompt in coming to pick up your children following the service.

1. _____ 2. _____

3. _____ 4. _____

Child #1 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____

Child #2 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____

Child #3 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____

Child #4 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____

Child #5 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____

Child #6 NAME: _____

Age: _____ Grade: _____ Date of Birth: _____ Sex: M F

Allergies of medic alert: (if yes, please explain) _____
