

# Kingdom Kids Visitor Information Form

Today's Date: \_\_\_\_\_

Parent or Guardian's Name			
Address			
City		State	Zip
Home Phone		Cell Phone	
Email		Do you check it regularly?	
Person bringing child(ren) (if other than parent or guardian)		Relationship to child(ren)	
Child(ren) is a guest of:			
Child's Name			
Sex M or F	Birthdate	Age	Grade
Anything we should know about this child?			
Child's Name			
Sex M or F	Birthdate	Age	Grade
Anything we should know about this child?			
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Sex M or F	Birthdate	Age	Grade
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