



carmelkidz

# Visitor Card

Carmel Kidz Uptown on Sunday



Please check box if you came with a friend!

All visitors please complete this section

TODAY'S DATE: \_\_\_\_\_

Hour (please circle one): 9:30 11:00

Name: \_\_\_\_\_ Gender (please circle one): male female Grade: \_\_\_\_\_

Friend you came with: \_\_\_\_\_ School: \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of parent for emergencies: Worship Center Class: \_\_\_\_\_



Please check box if you are a FIRST-TIME VISITOR & complete section 2:

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent Guardian: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please enter sibling information on rear of this card



carmelkidz

# Visitor Card

Carmel Kidz Uptown on Sunday



Please check box if you have other siblings of school age visiting Carmel Today.

Sibling information

3

List siblings in grades 1-6 and their grade: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

Special Notes: (Greeter: please give us your name )