

# Family Ministry Information Form



THE CHURCH + THE HOME

**Thank you for visiting with us today. Please complete the following information and return to the Family Visitor Center to get your children into the correct classroom.**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Number: (\_\_\_\_) \_\_\_\_\_  Home  Cell

**Adult Information:**  Father  Mother  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**Which campus will you be attending:**  Niwot  Frederick

**Adult Information:**  Father  Mother  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

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## Child Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Nickname: \_\_\_\_\_  Male  Female

Allergies: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Current Grade \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Nickname: \_\_\_\_\_  Male  Female

Allergies: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Current Grade \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Nickname: \_\_\_\_\_  Male  Female

Allergies: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Nickname: \_\_\_\_\_  Male  Female

Allergies: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Current Grade \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Nickname: \_\_\_\_\_  Male  Female

Allergies: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Current Grade \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Nickname: \_\_\_\_\_  Male  Female

Allergies: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Family Last Name \_\_\_\_\_

Primary Contact Number (\_\_\_\_\_) \_\_\_\_\_

Primary Email \_\_\_\_\_

**For Office Use Only:**

**Visit Dates:**

1. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials \_\_\_\_\_ Service Time: \_\_\_\_\_

2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials \_\_\_\_\_ Service Time: \_\_\_\_\_

3. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials \_\_\_\_\_ Service Time: \_\_\_\_\_

Enrolled in Shelby \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_

**Contact Comments:**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_

Comments \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_

Comments \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_

Comments \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_

Comments \_\_\_\_\_