



# Family Check-In

## Adult Information (Please PRINT LEGIBLY):

### Father/Legal Guardian:

Mr. \_\_\_\_\_

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

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Mother/Legal Guardian:

Mrs./Ms. \_\_\_\_\_

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

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Minor(s) Information (list all children under 18 living in your household):

First Name	Last Name	Birthdate	Gender	Allergies & Medical	Age & Grade
_____	_____	____/____/____	M F	_____	_____
_____	_____	____/____/____	M F	_____	_____
_____	_____	____/____/____	M F	_____	_____
_____	_____	____/____/____	M F	_____	_____
_____	_____	____/____/____	M F	_____	_____
_____	_____	____/____/____	M F	_____	_____
_____	_____	____/____/____	M F	_____	_____

**Emergency Cell Phone** (will appear on child's security tag): (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

May we have permission to photograph child? YES NO

May we have permission to use your child's photograph in church publication? YES NO

How did you hear about Shadow Hills Church? \_\_\_\_\_

Parent's Signature: \_\_\_\_\_