



SHADOW HILLS

CHILDREN'S
MINISTRY

FAMILY CHECK-IN

ADULT INFORMATION (PLEASE PRINT LEGIBLY)

FATHER/LEGAL GUARDIAN

MR: _____

ADDRESS: _____ ZIP: _____

CELL PHONE: (_____) _____

E-MAIL: _____

DOB: ____/____/____

MOTHER/LEGAL GUARDIAN

MS/MRS: _____

ADDRESS: _____ ZIP: _____

CELL PHONE: (_____) _____

E-MAIL: _____

DOB: ____/____/____

MY DECISION TODAY

- ☐ I HAVE DECIDED TO FOLLOW JESUS ☐ I WOULD LIKE MORE INFO ON ☐ CONTACT ME ABOUT COMMUNITY
☐ I AM INTERESTED IN JOINING A MEMBERSHIP GROUPS
SERVE TEAM ☐ I WANT TO BE BAPTIZED

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	_____	_____	_____

EMERGENCY CELL PHONE (WILL APPEAR ON CHILD'S SECURITY TAG): (_____) _____

HOW DID YOU HEAR ABOUT SHADOW HILLS CHURCH? _____

PARENT'S SIGNATURE: _____

Please note photography and video recording may be in progress while you are here, and entry into the facility signifies your release and consent to the possibility that your image may be used by Shadow Hills Church for promotional purposes.

