



FAMILY CHECK-IN

ADULT INFORMATION (PLEASE PRINT LEGIBLY)

FATHER/LEGAL GUARDIAN

MR: _____

ADDRESS: _____

CELL PHONE: (_____) _____

E-MAIL: _____

DOB: _____/_____/_____

MOTHER/LEGAL GUARDIAN

MS/MRS: _____

ADDRESS: _____

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): (_____) _____

MAY WE HAVE PERMISSION TO PHOTOGRAPH CHILD AND USE IN CHURCH PUBLICATION? **YES** **NO**

HOW DID YOU HEAR ABOUT SHADOW HILLS CHURCH? _____

PARENT'S SIGNATURE: _____

