



new guest registration



Today's Date ____/____/____ Service Hour 8:30 10:00 11:30

Parent / Guardian Information

Full Name _____ Cell Phone _____

Email _____ DOB ____/____/____

Relationship to Child: Father Mother Other

Full Name _____ Cell Phone _____

Email _____ DOB ____/____/____

Relationship to Child: Father Mother Other

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Children's Information

1. Full Name _____ Grade _____

Male Female Allergies _____ DOB ____/____/____

2. Full Name _____ Grade _____

Male Female Allergies _____ DOB ____/____/____

3. Full Name _____ Grade _____

Male Female Allergies _____ DOB ____/____/____

Do all children live at the listed address above? Yes No

Media Release

I grant Northpoint Church, it's representatives, and employees the right to take photographs, video, and/or electronic images of any member of my family in the Family Ministry environments. I authorize Northpoint Church to copyright, use, and publish the photographs video, and/or electronic images in print and/or electronically - with or without our names - for any lawful purpose to highlight and promote Family Ministry environments. My signature below indicates that I have read and understand the above statement of release.

Parent Signature _____