



## Student Ministry Guest Information

Student(s) Last Name:

Student Name and Nick Name if applicable	Birth Date	Grade*	Age	Gender	School Attending

\*Grade: Sept – May = provide for current school year; June – July = provide for previous school year; Aug = provide for upcoming school year

Student Allergies / Comments

Parent/Guardian Last Name (If different from students)

Father's First Name: Mother's First Name:

Phone ( ) - ( ) - ( )  
Home/Main Father's Cell Mother's Cell

Address  
Street City State Zip

Email Address  
Parent Email Student Email

Email Listed Above Will Be Used For ALL Communications Regarding Student Ministries

Special Note: We are in the process of updating our communication system so that we can send text messages. If you wish to receive text messages from Student Ministries, at a future date, please fill out the following information:

Student Cell Phone ( ) - Cell Phone Carrier

OFFICE USE ONLY:

NOTES:

WEDNESDAY: 1<sup>st</sup> Visit date:   
☐ BLOW POP ☐ EMAIL FOLLOW UP

2<sup>nd</sup> Visit Date:   
☐ OREOS ☐ EMAIL FOLLOW UP  
☐ ADDED TO CHECK N

SUNDAY: 1<sup>st</sup> Visit date:   
☐ BLOW POP ☐ EMAIL FOLLOW UP

2<sup>nd</sup> Visit Date:   
☐ OREOS ☐ EMAIL FOLLOW UP  
☐ ADDED TO CHECK N