

Date: \_\_\_\_\_



Visitor to Pathway

Out of Town Guests

## Computer Check-In Info Sheet

Please print clearly and fill out this form completely and return to the check-in desk attendant.

How did you hear about Pathway?					
<b>Household Information</b>				<b>Relationship</b> Check all that apply	
Parent(s)/Guardian(s):				<input type="checkbox"/> Mother  <input type="checkbox"/> Stepmother  <input type="checkbox"/> Father  <input type="checkbox"/> Stepfather	
Mailing Address:					
City:	State:	Zip:			
Cell phone:		Mobile Provider:			
Email Address:					
<b>Brought by (if other than above)</b>				<b>Relationship</b> Check all that apply	
Adult(s) name:				<input type="checkbox"/> Grandparent  <input type="checkbox"/> Aunt/Uncle  <input type="checkbox"/> Friend  <input type="checkbox"/> Neighbor  <input type="checkbox"/> Other	
Mailing Address:					
City:	State:	Zip:			
Home Phone:		Cell Phone:			
Email Address:					
<b>Child's Full Name</b>	<b>Gender</b>	<b>Preferred Name</b>	<b>Date of Birth</b>	<b>Age or Grade</b>	<b>Allergies or Med Condition</b>
	M F				
	M F				
	M F				
	M F				
	M F				
<b>Media Opt Out</b>					
Parents may opt their child out of being featured by both the church and the media. If you would like to opt your child out, please sign below. The form will be active through the remainder of the 2023-2024 school year.					
Parent Signature: _____					

<b>Service you normally attend (circle all that apply)</b>		
Thurs	Sun 9 am	Sun 10:45 am

**For Office Use Only:**

Date entered into system: \_\_\_\_\_

Comments: \_\_\_\_\_

Tech Member: \_\_\_\_\_

Added to Process Queue