

THANK YOU FOR VISITING SOUTHSIDE KIDS!

Please print clearly and fill out completely



For Office Use Only:

- ☐ One Time Visit
☐ ENROLL
☐ Change for an Existing Family

Today's Date: _____

Service Time: ☐ Sun 9:00am ☐ Sun 10:45am **CAMPUS** _____

RECEIVED BY: _____

CHILD(REN) INFORMATION: (required - please use first & last name)

CHILD 1 NAME: _____	GENDER: _____	DOB: _____	GRADE: _____
CHILD 2 NAME: _____	GENDER: _____	DOB: _____	GRADE: _____
CHILD 3 NAME: _____	GENDER: _____	DOB: _____	GRADE: _____
CHILD 4 NAME: _____	GENDER: _____	DOB: _____	GRADE: _____

FOOD ALLERGIES/ MEDICAL CONCERNS:

CHILD/ ALLERGY/ CONDITION(S): _____

PHOTO CONSENT: (required)

Do you grant permission for Southside Church to use photographs and/or video of your child for communication and recap purposes that promote the mission of Southside? Children without consent will have a special icon on their check-in tag and will not participate in any photos or videos of Sunday morning Kids Ministry shared on the church website, Southside social media, or during Sunday morning services.

☐ YES I GIVE CONSENT

☐ NO I DO NOT GIVE CONSENT

ADULT 1 INFORMATION: (required)

☐ PARENT ☐ GUARDIAN ☐ OTHER: _____

FIRST NAME: _____ LAST NAME: _____ GENDER: _____

DOB: _____ PHONE #: _____ EMAIL: _____

☐ SINGLE ☐ DIVORCED ☐ WIDOWED ☐ MARRIED (To whom? _____)

ADULT 2 INFORMATION:

☐ PARENT ☐ GUARDIAN ☐ OTHER: _____

FIRST NAME: _____ LAST NAME: _____ GENDER: _____

DOB: _____ PHONE #: _____ EMAIL: _____

☐ SINGLE ☐ DIVORCED ☐ WIDOWED ☐ MARRIED (To whom? _____)

ADDRESS: (required)

STREET _____

CITY _____ STATE _____ ZIP CODE _____

WHO LIVES AT THIS ADDRESS? ☐ ADULT 1 ☐ ADULT 2 ☐ CHILD 1 ☐ CHILD 2

☐ CHILD 3 ☐ CHILD 4 ☐ OTHER _____