



# Kid Life

At Living Word

## LWCC Sunday Morning

## Guest Enrollment Form

This form does NOT register your child for this Sunday; it simply speeds up the process when you bring it with you.  
We can't wait to meet you!

Primary Adult Contact: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Married ☐ Single

Relationship to child/ren? ☐ Mom ☐ Dad ☐ Other? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you learn about Living Word? (please check all that apply) ☐ Personal Invitation

☐ Attended recent event on the property ☐ Social Media ☐ Internet Search ☐ Other

Spouse (If Applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Married ☐ Single

Relationship to child/ren? ☐ Mom ☐ Dad ☐ Other? \_\_\_\_\_

Child #1	Preferred Name: _____	Grade in School: _____
	Circle Gender: M or F    Date of Birth: _____	Age: _____
	Allergies, Health Concerns, or Special Needs:    If yes, Goldfish Ok <input type="checkbox"/> No Goldfish <input type="checkbox"/>	
Child #2	Preferred Name: _____	Grade in School: _____
	Circle Gender: M or F    Date of Birth: _____	Age: _____
	Allergies, Health Concerns, or Special Needs:    If yes, Goldfish Ok <input type="checkbox"/> No Goldfish <input type="checkbox"/>	
Child #3	Preferred Name: _____	Grade in School: _____
	Circle Gender: M or F    Date of Birth: _____	Age: _____
	Allergies, Health Concerns, or Special Needs:    If yes, Goldfish Ok <input type="checkbox"/> No Goldfish <input type="checkbox"/>	

Please use additional form if you have more than 3 children.