



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.