

Visitor information



Today's date: _____

Parents/Guardians—

Father

email address

Mother

email address

Address:

street address

city, state, zip

Phone numbers:

home

mother's cell

father's cell

***Please leave your cell phone on vibrate during the service. We will send a text message letting you know if your assistance is needed in caring for your child.

Attending NRF today with child? YES NO

Children's Information

first name

last name

birth date

Grade

M/F

first name

last name

birth date

Grade

M/F

first name

last name

birth date

Grade

M/F

first name

last name

birth date

Grade

M/F

If parents are not attending with child, please complete:

Adult contact while on campus...

Name: _____ cell phone: _____

Relationship to child: _____

Please check all that apply:

- First visit to New River Fellowship
- Return visitor to New River Fellowship
- Would like a call from the pastor
- New to area/moving soon to area
- Guest of _____

Please list any serious allergies or special medical conditions you feel we should be aware of: