



# WELCOME TO CROSSPOINT KIDS!

All Fields with \* are required

TODAY'S DATE \_\_\_\_\_

\*Parent/Guardian 1 Name: \_\_\_\_\_

\*Relationship to child/children: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

\*Home Email: \_\_\_\_\_ \*Main Phone #: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

*Children in the Household	*Birthdate	*Gender	*Grade	Allergies/Medical Conditions
----------------------------	------------	---------	--------	------------------------------

1.	_____	_____	_____	_____
----	-------	-------	-------	-------

2.	_____	_____	_____	_____
----	-------	-------	-------	-------

3.	_____	_____	_____	_____
----	-------	-------	-------	-------

4.	_____	_____	_____	_____
----	-------	-------	-------	-------

Anything else we should know: (such as parental custody; sensitive information is kept confidential)

Promo Release- By attending our services/events, you hereby consent to the collection and use of personal images by photography and/or video recording. It's also acknowledged these may be used for promotional purposes by Crosspoint in any and all of its publications, including websites, social media, and printed publications for current and future events.