



VISITOR INFORMATION

Date: _____

Parent/Guardian Names in full: _____

Relationship to child: _____

Home Phone: _____ Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Is this your first time at Bethel? Yes No

Child's Name: _____ Card # _____

Age: _____ Child's Grade: _____

Address if different than parent: _____

City: _____ State: _____ Zip: _____ Phone: _____

List any known allergies and typical reaction: _____

List any known medical condition or learning needs: _____

Is this the child's first time at Bethel? Yes No

Child's Name: _____ Card # _____

Age: _____ Child's Grade: _____

Address if different than parent: _____

City: _____ State: _____ Zip: _____ Phone: _____

List any known allergies and typical reaction: _____

List any known medical condition or learning needs: _____

Is this the child's first time at Bethel? Yes No

Child's Name: _____ Card # _____

Age: _____ Child's Grade: _____

Address if different than parent: _____

City: _____ State: _____ Zip: _____ Phone: _____

List any known allergies and typical reaction: _____

List any known medical condition or learning needs: _____

Is this the child's first time at Bethel? Yes No