



Visitor's Registration Form

Reception Director _____

Child's Full Name				Birthday				Age	
1. _____				_____				_____	
N	2's&3's	3's&4's	4's&5's	K	1	2	3	4	5
2. _____				_____				_____	
N	2's&3's	3's&4's	4's&5's	K	1	2	3	4	5
3. _____				_____				_____	
N	2's&3's	3's&4's	4's&5's	K	1	2	3	4	5
4. _____				_____				_____	
N	2's&3's	3's&4's	4's&5's	K	1	2	3	4	5
5. _____				_____				_____	
N	2's&3's	3's&4's	4's&5's	K	1	2	3	4	5

Child came with: Parent Other _____

Father's Full Name _____

Mother's Full Name _____

Child's Address _____

Home Phone _____ Cell _____

I understand Maranatha may take photographs and/or video of my child to be used for promotional purposes or for use on its website.

I understand that Maranatha servants are not able to dispense medication to any child or spoon feed babies during the services.

Parent's signature _____