

Visitor Check-In

- James River Campus
 Wilsons Creek Campus



Parent/Guardian

Head of Household or Guardian

Spouse if Applicable

Person Responsible if Different from Parent

Address: _____ City: _____ State/Zip: _____

Phone Number: _____ Email Address: _____

Check Box if you do not wish to receive JRA update email

Child's Name (First and Last)	Birthday (m/d/yr)	Room or Grade	Please Check
			<input type="checkbox"/> I am looking for a church <input type="checkbox"/> I am new to the area <input type="checkbox"/> I already attend church here <input type="checkbox"/> I have a church home <input type="checkbox"/> Child visiting - guardian not present
			Age Group (circle) 19-22 23-29 30-39 40-49 50+
			Married/Single (circle)

For Office Use Only: ___1st___2nd___3rd___Spm___WED **Person Who Processed This Card:** _____

Medical Alert

Security Alert

Allergy Alert

Date: _____