



All About Us

OFFICE ONLY Family # Entry Date

Family Name: _____

Parents/Guardian Names: _____

Address _____

Post Code: _____

Phone: (Home) _____

(Work) _____

(Mobile) _____

Email: _____

Children

Name	Birth Date	School year	Allergies	Special Needs

We came as friends of: _____

Are there any custody arrangements we need to be aware of?

For 0 yrs to Pre-Primary Children Only (please tick for each child)

Name	Nappies	T/training	Toilet Trained	Child's interests: so we can help them settle in.

Any other information we should know?

Parent Signature: _____

Navigator Signature: _____

Date: _____

Surrendering to Jesus. Sharing Jesus.

	Visit 1	Visit 2	Visit 3	Visit 4
Tick				
Date				

