



Visitor Card

CarmelKidz Uptown on Sunday



Please check box if you came with a friend!

All visitors please complete this section

Today's Date: _____ Hour (please circle one): 9:30 11:00

Name: _____ Gender (please circle one: male female) Grade: ____

Friend you came with: _____ School: _____

Allergies/Health Concerns: _____

Phone: _____ Email: _____



Please check box if you are a FIRST-TIME VISITOR & fill out section 2:

Street Address: _____

City, State, Zip: _____

Parent/Guardian: _____

Phone number: _____ Email: _____



Please check box if you have other siblings of school age visiting Carmel Today.

Sibling information

Name of other siblings visiting Carmel today: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Allergies/Health Concerns: _____