



# Children's & Preschool Ministry

## Guest Information Form



### PARENT INFORMATION:

Names: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a member of another church?  Yes  No Bible Fellowship class attending: \_\_\_\_\_

### CHILDREN'S INFORMATION:

Gender

Name: \_\_\_\_\_ M / F Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Adults authorized to pick up children, other than parents: \_\_\_\_\_

**STAFF USE ONLY:**

Dates Attended: 1st: \_\_\_ / \_\_\_ / \_\_\_ 2nd: \_\_\_ / \_\_\_ / \_\_\_ 3rd: \_\_\_ / \_\_\_ / \_\_\_ Date added to roll: \_\_\_ / \_\_\_ / \_\_\_