



Children's & Preschool Ministry Guest Information Form

<input type="checkbox"/> Allergy/Medical Concerns?
<input type="checkbox"/> Special Needs?
<input type="checkbox"/> Security Concerns?

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: ___ / ___ / ___