



Children's & Preschool Ministry Guest Information Form

<input type="checkbox"/> Allergy/Medical Concerns? <input type="checkbox"/> Special Needs? <input type="checkbox"/> Security Concerns? Form Received by (Initial): _____

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: ___/___/___