

FBC Oxford – Children’s Department Guest/Visitor Card

Today’s Date: _____

Child’s Name:

Date of Birth:

Parent’s Names:

Siblings (names and dates of birth):

Address:

Phone:

Email Address:

I am.... (check all that apply) <input type="checkbox"/> First time guest <input type="checkbox"/> New to area <input type="checkbox"/> Out of town guest <input type="checkbox"/> Repeat guest <input type="checkbox"/> Visiting Family

Are you a member of a church?

What church?

Allergies or any additional information:

Sunday School Class: _____ Sunday School Teacher Name: _____