## PRESCHOOL GUEST CARD $\cdot$ FIRST BAPTIST CHURCH $\cdot$ OXFORD, MS

DATE:	SERVICE(S) ATTEND	ED	
8:00 AM (Preschool Care Only)	9:15 AM Sunday Sch	ool10	0:30 AM Preschool Care
Sunday night	Wednesday night		
Child's Name:			
Date of Birth:			
Parents' Names:			
Siblings (names and dates of birth):			
Address:			
Phone:			
Email Address:			
		to area ng family	Out of town guest
Are you a member of a church?			
What church?			
Where will you be during the service	?		
Allergies or Routine Medications:			
Additional Information:			