

PRESCHOOL GUEST CARD · FIRST BAPTIST CHURCH · OXFORD, MS

DATE: _____	SERVICE(S) ATTENDED	
___ 8:30 AM	___ Sunday School	___ 11:00 AM
___ Sunday night	___ Wednesday night	

Child's Name:

Date of Birth:

Parents' Names:

Siblings (names and dates of birth):

Address:

Phone:

Email Address:

I am (check all that apply) First time guest New to area Out of town guest
 Repeat guest Visiting family

Are you a member of a church?

What church?

Where will you be during the service?

Allergies or Routine Medications:

Additional Information:

Office Use Only – Sunday School Assignment _____

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