

Guest Registration

Welcome to Eagle's Landing First Baptist Preschool and Children's Ministry

Please Print This Form and Bring The Completed Form With You When You Visit ELFBC To Facilitate the Check-In Process

CHILDREN'S INFORMATION

DATE:

| Child's First & Last Name | Birth Date m/d/y | Grade | Age | Boy/Girl | Medical/Allergies/Restrictions |
|---------------------------|---------------------|-------|-----|----------|--------------------------------|
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PARENTS INFORMATION

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|----------------------------|--------|-----------------------------------|----------|-------------------|--|
| Father's First & Last Name | | Father's Date of Birth | | | |
| Address | City | State | | Zip | |
| Cell Phone for Contact | Email | Parent's Location While on Campus | | | |
| Attendance Time: | 9:30am | 11:00am | Church@5 | 6:30pm LifeGroups | |

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|----------------------------|--------|-----------------------------------|----------|-------------------|--|
| Mother's First & Last Name | | Mother's Date of Birth | | | |
| Address | City | State | | Zip | |
| Cell Phone for Contact | Email | Parent's Location While on Campus | | | |
| Attendance Time: | 9:30am | 11:00am | Church@5 | 6:30pm LifeGroups | |

IF CHILD CAME WITH SOMEONE OTHER THAN PARENTS

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|--|-------------------------------|---------|----------|-------------------|--|
| Adult contact while child is on ELFBC campus | | | | | |
| Relationship | | | | | |
| Cell Phone for Contact | Your Location While on Campus | | | | |
| Attendance Time: | 9:30am | 11:00am | Church@5 | 6:30pm LifeGroups | |