

First Baptist Church of Arnold Visitor Card

Child's Name: _____

Birth date: _____ M / F Room # _____

Parent's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: () _____ - _____ Cell: () _____ - _____ Text if needed? Y / N

Name of Person Checking In Child (if different than parent)

Relationship to Child: _____

Phone: () _____ - _____ Cell: () _____ - _____ Text if needed? Y / N

Parents Location (8:00) _____ (9:30) _____ (11:00) _____

Sunday Evening _____ Wednesday Evening _____

Notes/ Allergies: _____

Authorized Pick Up (if other than parent):

Name: _____

Relationship to child: _____

Home: () _____ - _____ Cell: () _____ - _____ Text if needed? Y / N

Visit Dates and Temporary Family Number: