

OCBF Children's Ministry Visitor Information Form

Today's date: _____

Service Attended: Sunday 1st service Sunday 2nd service Wednesday night Other: _____

Please Complete and **PRINT** in all sections!

Parent Information			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Parent / Guardian Information					
<i>Last Name</i>	<i>First Name</i>	<i>Relationship to Child(ren)</i>	<i>Home Phone</i>	<i>Cell or Pager</i>	<i>Email Address</i>

Please check all that apply:

_____ First time to Oak Cliff Bible Fellowship Church

_____ Return visit to Oak Cliff Bible Fellowship Church

_____ New or moving to area

_____ One-time visitor

_____ Interested in receiving information on upcoming activities at Oak Cliff Bible Fellowship Church

Child(ren) Information

Child 1	Last Name:		First Name:		M.I.:	
	Birthday (mm/dd/yy):		Gender: Male or Female (circle one)		Age:	
<i>Please check w:</i>	Allergies/Medical Problems:					
	Has Child Accepted Christ as their Personal Savior?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? (mm/yy):					
	Has Child Been Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? (mm/yy):					
	Nursery/1st Touch	Children's Church		AWANA		
	<input type="checkbox"/> 06-12 Months	<input type="checkbox"/> 2s	<input type="checkbox"/> 3s	<input type="checkbox"/> K4	<input type="checkbox"/> K5	Cubbies: <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4 yrs Sparks: <input type="checkbox"/> K-5 <input type="checkbox"/> 1 st grade <input type="checkbox"/> 2 nd grade
	<input type="checkbox"/> 13-17 Months	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 3 rd grade		T&T: <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th or <input type="checkbox"/> 5 th grade girls OR <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th or <input type="checkbox"/> 5 th grade boys
	<input type="checkbox"/> 18-23 Months	<input type="checkbox"/> 4 th grade	<input type="checkbox"/> 5 th grade	<input type="checkbox"/> 6 th grade		TREK: <input type="checkbox"/> 6 th grade girl <input type="checkbox"/> 6 th grade boy
<input type="checkbox"/> Special Needs				Special Needs: <input type="checkbox"/>		

Child(ren) Information

Child 2	Last Name:		First Name:		M.I.:	
	Birthday (mm/dd/yy):		Gender: Male or Female (circle one)		Age:	
<i>Please check w:</i>	Allergies/Medical Problems:					
	Has Child Accepted Christ as their Personal Savior?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? (mm/yy):					
	Has Child Been Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? (mm/yy):					
	Nursery/1st Touch	Children's Church		AWANA		
	<input type="checkbox"/> 06-12 Months	<input type="checkbox"/> 2s	<input type="checkbox"/> 3s	<input type="checkbox"/> K4	<input type="checkbox"/> K5	Cubbies: <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4 yrs Sparks: <input type="checkbox"/> K-5 <input type="checkbox"/> 1 st grade <input type="checkbox"/> 2 nd grade
	<input type="checkbox"/> 13-17 Months	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 3 rd grade		T&T: <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th or <input type="checkbox"/> 5 th grade girls OR <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th or <input type="checkbox"/> 5 th grade boys
	<input type="checkbox"/> 18-23 Months	<input type="checkbox"/> 4 th grade	<input type="checkbox"/> 5 th grade	<input type="checkbox"/> 6 th grade		TREK: <input type="checkbox"/> 6 th grade girl <input type="checkbox"/> 6 th grade boy
<input type="checkbox"/> Special Needs				Special Needs: <input type="checkbox"/>		

Child(ren) Information

Child 3	Last Name:		First Name:		M.I.:	
	Birthday (mm/dd/yy):		Gender: Male or Female (circle one)		Age:	
<i>Please check w:</i>	Allergies/Medical Problems:					
	Has Child Accepted Christ as their Personal Savior?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? (mm/yy):					
	Has Child Been Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? (mm/yy):					
	Nursery/1st Touch	Children's Church		AWANA		
	<input type="checkbox"/> 06-12 Months	<input type="checkbox"/> 2s	<input type="checkbox"/> 3s	<input type="checkbox"/> K4	<input type="checkbox"/> K5	Cubbies: <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4 yrs Sparks: <input type="checkbox"/> K-5 <input type="checkbox"/> 1 st grade <input type="checkbox"/> 2 nd grade
	<input type="checkbox"/> 13-17 Months	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 3 rd grade		T&T: <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th or <input type="checkbox"/> 5 th grade girls OR <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th or <input type="checkbox"/> 5 th grade boys
	<input type="checkbox"/> 18-23 Months	<input type="checkbox"/> 4 th grade	<input type="checkbox"/> 5 th grade	<input type="checkbox"/> 6 th grade		TREK: <input type="checkbox"/> 6 th grade girl <input type="checkbox"/> 6 th grade boy
<input type="checkbox"/> Special Needs				Special Needs: <input type="checkbox"/>		