



Sunnyvale First Baptist Church Children's Visitor Form

Date: _____

Please Check Activity that child is visiting:

Sunday School Class : 8:15 _____ 9:30 _____ 11:00_____ KNW: 9:30_____

D4K: _____ AWANA: _____ FRIENDS _____

Child's Last Name _____ Child's First Name _____

Child's Date of Birth mm/dd/yr _____ Grade: _____ School: _____

Parent's Attending? Y ___ N ___ Who did child come to church with? _____

Parent/Guardian First Name _____ Last Name _____

Spouses First Name _____ Last Name _____

Siblings Name _____ Grade _____ Date of Birth _____

Siblings Name _____ Grade _____ Date of Birth _____

Address: _____ City _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

E-mail: _____

Are Parents/Guardians member's of Sunnyvale? Y ___ N ___ Church to which you belong _____



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