

GUEST REGISTRATION CARD

Today's Date _____ **Circle time/s child is attending CBF class today 9:00 or 10:45**

Mother's Name _____ Father's Name _____

Mom's Cell phone _____ Dad's cell phone _____

If not the parent brought by _____ Relationship _____

Child's Address _____

City _____ State _____ Zip _____

Child's Name	Boy or Girl	Grade	Age	Birthday	Room

Allergies/Special Instructions _____

Parent Location (please circle) **9:00 am** Worship or ABF Class **10:45 am** Worship or ABF Class

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