



First Baptist Owasso

# Guest Registration Form

TODAY'S DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

YOUR NAME \_\_\_\_\_  Dad  Mom  Step-Dad  Step-Mom  
DOB \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_  Dad  Mom  Step-Dad  Step-Mom  
DOB \_\_\_\_\_

OR GUARDIAN'S NAME (if you are responsible for a child, but not the child's parent.) \_\_\_\_\_ DOB \_\_\_\_\_

<b>SUNDAY SCHOOL</b>	<b>MARITAL STATUS</b>	<b>MEMBERSHIP</b>	<b>When you attend church, where do you attend?</b> _____
<input type="checkbox"/> 7:45am (Adults Only)	<input type="checkbox"/> MARRIED	<input type="checkbox"/> GUEST	
<input type="checkbox"/> 9:00am (9th Grade—College)	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MEMBER	
<input type="checkbox"/> 10:30am (6th—8th Grade)	<input type="checkbox"/> DIVORCED		
<input type="checkbox"/> Please enroll me in Sunday School	<input type="checkbox"/> WIDOWED		

## CONTACT INFORMATION

STREET ADDRESS \_\_\_\_\_ NEIGHBORHOOD NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ DAD CELL \_\_\_\_\_ MOM CELL \_\_\_\_\_

EMAIL \_\_\_\_\_ DAD EMAIL \_\_\_\_\_ MOM EMAIL \_\_\_\_\_

## FAMILY INFORMATION—Please give last name if different than above.

	CHILD'S NAME & NICKNAME	DOB	GENDER	AGE	GRADE	ALLERGIES/SPECIAL NEEDS
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

## OTHER ADULTS AUTHORIZED TO PICK UP YOUR CHILD

	NAME	PHONE
1.	_____	_____
2.	_____	_____