



HERNANDO BAPTIST



CHILDREN'S MINISTRY CONNECT CARD

CHILD #1

☐ Male _____
Full Name

☐ Female _____
Date of Birth

_____ Grade Level

Allergies or Medical Conditions

CHILD #2

☐ Male _____
Full Name

☐ Female _____
Date of Birth

_____ Grade Level

Allergies or Medical Conditions

CHILD #3

☐ Male _____
Full Name

☐ Female _____
Date of Birth

_____ Grade Level

Allergies or Medical Conditions

CHILD #4

☐ Male _____
Full Name

☐ Female _____
Date of Birth

_____ Grade Level

Allergies or Medical Conditions



CONTINUE ON BACK





HERNANDO BAPTIST



CHILDREN'S MINISTRY CONNECT CARD

PARENT/GUARDIAN #1 Today's Date: _____

☐ Mother ☐ Father ☐ Grandparent ☐ Other: _____

Full Name _____

Phone Number _____

Email _____

Address _____

City _____

State _____

Zip Code _____

PARENT/GUARDIAN #2

☐ Mother ☐ Father ☐ Grandparent ☐ Other: _____

Full Name _____

Phone Number _____

Email _____

Address _____

City _____

State _____

Zip Code _____



☐ First-Time Guest ☐ Returning Guest

