FIRST REFORMED CHURCH

Information Sheet

This information is for church office use and needed for accurate church records.
Please fill it out completely.

VISTING TODAY

Parent/Child's Name_____

Where will you be located in the building?_____ 3 Digit Call System #_____

Children's Allergies:_____

Your Name:_____
* First Middle * Last Birthdate MM/DD/YEAR

Phone Number: _____ Email: _____

Spouse Name:_____
* First Middle * Last Birthdate - MM/DD/YEAR

Phone Number: _____ Email: _____

Address: _____
City State Zip

Marital Status: _____ Anniversary MM/DD/YEAR: _____

Child:_____
* First Middle * Last * Birthdate Grade

Child:_____
* First Middle * Last * Birthdate Grade

Child:_____
* First Middle * Last * Birthdate Grade

Child:_____
* First Middle * Last * Birthdate Grade

☐ I would like to know more about First Reformed Church.

☐ I would like to volunteer for FRC Children's Ministries.

☐ I consent to a background check if I am over the age of 18.

FIRST REFORMED KIDS