

WELCOME!

In order to serve you best, we would like to know more about you and your family! To make the check-in process as simple as possible, we ask all first-time guests to fill out this Guest Registration Form at the check-in desk. Based on ages and developmental stages, your child will be assigned and then escorted to their classroom. When you visit again, they can simply be checked right into the same classroom by simply using your phone number. We look forward to meeting you and pray you decide to make Lynwood Baptist your church home!

Lighthouse



Preschool Ministry

Guest Registration Form

Parent's Name _____ Male or Female _____ Date of Birth _____

1st visit? Yes or No _____ Married: Yes or No _____ Anniversary date _____

Spouse Name _____ Male or Female _____ Date of Birth _____

Mailing Address _____

Home # _____ Cell # _____ Can we text you? _____ Provider? _____

Work # _____ Email address _____

Would you like to receive email updates from the church? Yes or no _____

Children's Info:

Name _____ Date of Birth _____ Grade _____ Allergies? Yes or No _____

Name _____ Date of Birth _____ Grade _____ Allergies? Yes or No _____

Name _____ Date of Birth _____ Grade _____ Allergies? Yes or No _____

Please list any details on allergies, special needs or health concerns for each child:

Parent's Location During: (circle one and fill in details)

9:00am hour: Worship Service or LifeGroup

10:30am hour: Worship Service or LifeGroup

Which LifeGroup class? _____

