

CONNECTION CARD



CONNECTION CARD





start here! (+) CARM **BAPTIST CHURCH**

start here!

BAPTIST CHURCH		BAPTIST CHURCH
	1. ADULT/PARENT INFORMATION	
	FULL NAME(S):	
Date:	PRIMARY PHONE NUMBER:	Date:
	EMAIL ADDRESS:	
	Street Address:	
State ZIP	CITY	Sтате ZIР
FIRST VISIT TO CARMEL: YES NO	ATTEND ANOTHER CHURCH: YES NO	FIRST VISIT TO CARMEL: YES NO
	2. Optional Info	
VORK:	CELL NUMBER:	Work:
	ADD'L EMAIL:	
	3. FOLLOW UP	
☐I'M NEW TO CHARLOTTE	☐ I'D LIKE SOMEONE TO FOLLOW UP WITH ME	☐I'M NEW TO CHARLOTTE
MBERSHIP BAPTISM EVENTS	I'D LIKE INFO (CIRCLE): BEING A CHRISTIAN MEMBERSHIP BAPTISM EVENTS	1EMBERSHIP BAPTISM EVENTS
ES A PASTOR SERVING OPPORTUNITIES	I WANT TO CONNECT: DISCIPLESHIP COMMUNITIES A PASTOR SERVING OPPORTUNITIES	TIES A PASTOR SERVING OPPORTUNITIES
	ANY PRAYER REQUESTS OR QUESTIONS?	

CITY _

ATTEND ANOTHER CHURCH: YES | NO

STREET ADDRESS:

EMAIL ADDRESS:

PRIMARY PHONE NUMBER:

FULL NAME(S):

1. ADULT/PARENT INFORMATION

ANY PRAYER REQUESTS OR QUESTIONS? I WANT TO CONNECT: DISCIPLESHIP COMMUNITIES | A PASTOR | SERVING OPPOR I'D LIKE INFO (CIRCLE): BEING A CHRISTIAN | MEMBERSHIP | BAPTISM | EVENTS

☐I'D LIKE SOMEONE TO FOLLOW UP WITH ME

ADD'L EMAIL:

3. FOLLOW UP

CELL NUMBER: __-

WORK:

2. OPTIONAL INFO



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Be sure to complete Section 1 first!



4. Child Information (Parent Info on Front)	4. Child Information (Parent Info on Front)
Child Name:Grade:	CHILD NAME:GRADE:
FIRST VISIT TO CARMELKIDZ: YES NO HOUR: 9:30 11:00	FIRST VISIT TO CARMELKIDZ: YES NO HOUR: 9:30 11:00
SCHOOL GENDER: MALE FEMALE	SCHOOL GENDER: MALE FEMALE
FRIEND YOU CAME WITH:	FRIEND YOU CAME WITH:
Allergies/Health concerns:	Allergies/Health concerns:
LOCATION OF PARENT: WORSHIP CENTER DC	LOCATION OF PARENT: WORSHIP CENTER DC
5. Sibling Information	5. Sibling Information
Do you have siblings in grades 1-6 visiting carmel today : YES \mid NO	Do you have siblings in grades 1-6 visiting carmel today : ${\tt YES} \mid {\tt NO}$
Sibling Name:Grade:	Sibling Name:Grade:
SIBLING NAME: GRADE:	SIBLING NAME: GRADE:
Sibling Name:Grade:	Sibling Name:Grade:
Allergies/Health concerns:	Allergies/Health concerns:

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6. SPECIAL NOTES

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