

First Baptist Church of Pleasant Grove
Chandler Family Life Center
 724 4th Street, Pleasant Grove, AL



CFLC Personal Data Form

Last Name:	Date
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First Name:

Middle Name:

Street :

City

State:

Zip:

Date of Birth:

Home Phone:

If a Minor (18 and Younger) Parent or Guardian Phone:

Work Phone:

Cell Phone:

E-Mail Address:

Do you attend FBC Pleasant Grove regularly? Yes No
 Are you a member of FBC Pleasant Grove? Yes No
 If not, where do you attend church? _____

Important information that we should know (Family Info, Vocation, Special Interest, etc.):

Medical Information:

I have received and agree to the Policies and Procedures of the Chandler Family Life Center.

_____ Name

_____ Date

Office Use Only:

<input type="checkbox"/> Orientation	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Number Assigned
Date _____	Date _____	_____