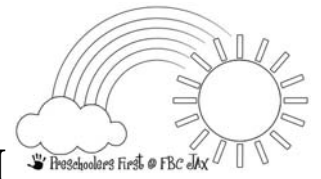


# PRESCHOOL MINISTRY - FBC Jax



**DATE:** \_\_\_\_\_ **ROOM:** \_\_\_\_\_ **DEPT:** \_\_\_\_\_ **SESSION:** AM/PM

Child's FULL Name	Child's Date of Birth	Pager #	Pager Returned	Full name of adult picking up child	Location of Parents/Cell #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					