

FIRST PRESBYTERIAN CHURCH (2018)
CHURCH SCHOOL FAMILY REGISTRATION FORM

DATE: ____/____/____

NAME:

BIRTH DATE:

MOTHER: _____

FATHER: _____

PHONE: _____

PHONE: _____

ADDRESS:

EMAIL: _____

HEALTH CONCERNS: _____

CHILD MAY BE RELEASED TO THE FOLLOWING OTHER PERSONS:

CHILD MAY BE PHOTOGRAPHED FOR CHURCH PUBLICATIONS

YES: _____ NO: _____

PARENT OR GUARDIAN SIGNATURE: _____