



Parent Information

(* = this information will be entered into the Library system so you and your child can check out books.)

*Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

*Mom's Cell Phone _____ *Dad's Cell Phone _____

*Mom's Email: _____ *Dad's Email: _____

Home Phone: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

- I give permission to First Presbyterian Church to take photographs of my child to be used in:
 - Church Publications
 - Church Bulletin Boards
 - Church Website
- I Do Not give my consent for my child to have his/her photograph taken by First Presbyterian

Parent/Guardian Signature: _____

During which Worship Service will your children be attending Sunday School? 9:00 11:00

Who else is authorized to pick up your child/children?

CHILD INFORMATION

Name: _____

Date of Birth: _____ Age: _____ Current Grade: _____

Allergies/Plan: _____

- Sunday School Children's Sacred Chorus Celebration Ringers MOPS MX

CHILD INFORMATION

Name: _____

Date of Birth: _____ Age: _____ Current Grade: _____

Allergies/Plan: _____

- Sunday School Children's Sacred Chorus Celebration Ringers MOPS MX

CHILD INFORMATION

Name: _____

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Date of Birth: _____ Age: _____ Current Grade: _____

Allergies/Plan: _____

Sunday School Children's Sacred Chorus Celebration Ringers MOPS MX

I would like to help: _____

OTHER INFORMATION:

