

CHURCH SCHOOL REGISTRATION FORM
North Presbyterian Church 2014-2015

Child's Name _____ Birthdate _____ Grade entering in fall _____

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Allergies (specify which child, if more than one child listed) _____

Parents/Guardians _____

Address _____

Home phone: _____ Cell phone: _____

E-mail address: _____

In case of emergency (when the parent/guardian cannot be reached), please contact:

Name: _____ Relationship to _____

Home phone: _____ Cell phone: _____

Sign-out Release

I authorize my child(ren), _____, to be picked up by the following people:

Name _____ Relationship _____

Name _____ Relationship _____

Parent/Guardian signature/date _____

In recent years, fewer and fewer congregants have been volunteering to work with your children. Please prayerfully consider volunteering in some capacity to keep our children's ministry vital and relevant for our community. Thank you.

☐ I'm interested in volunteering this year.