Grade Level: _____

Plymouth Presbyterian Church

Christian Education Registration 2010-2011

Child's Full Name_____ _____
First Middle Last Date of Birth

Home Address _____ City/ZIP _____

Home Phone _____ Primary E-mail Contact _____

Name of Parents/Guardians _____

Father Cell _____ Mother Cell _____

If Parents Cannot be Reached

Contact_____
Name Relationship Phone #

Child's Allergies

_____

Child's Medications

_____

Please share any special needs, circumstances, or background that we should be aware of:

_____
_____
_____
_____

FOR SAFETY AND SECURITY REASONS, PARENTS/GUARDIANS ARE EXPECTED TO REMAIN ON CHURCH PREMISES AT ALL TIMES WHILE THE ABOVE LISTED CHILD IS ON CHURCH PREMISES.

I understand that photographs may be taken of the class and its participants and I give permission for these photographs to be displayed, posted, or shown on the church website, within the church building, or used for other church-sponsored activities. At no time will my child's full name be used with these pictures in a public forum (webpages, materials sent to non-church members, etc.).

I hereby warrant that to the best of my knowledge my child is in good health and I assume all responsibility for the health of my child.

Parent/Guardian Signature: _____ Date: _____

You may return this form to your child's Sunday School teacher or the Director of Christian Formation.