

First Presbyterian Church School Children's Registration Form 2015/16

Parents' names _____

Address _____

Phone Number _____

Email _____

Children's Names: Children's Birth Dates: Current Grade:

1. _____

2. _____

3. _____

4. _____

5. _____

Please tell us anything special we should know about your child on the extra line
-- **allergies**, favorites, fears, special interests, talents. . . .

Please complete and bring this form to church on **Sunday, September 13th** for
Church School Registration OR send it to the church at 17 Park Street,
Canton NY 13617.