

FIRST PRESBYTERIAN CHURCH OF YORKTOWN
CHILDREN'S REGISTRATION FORM
 CHURCH SCHOOL OF 2009/2010

PARENT'S NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR
 YOUR CHILD/CHILDREN:

CLASS	NAME OF CHILD	GENDER M/F	DOB
Pre K			/ /
Kindergarten			/ /
1 st Grade			/ /
2 nd Grade			/ /
3 rd Grade			/ /
4 th Grade			/ /
5 th Grade			/ /
6 th Grade			/ /
7 th & 8th			/ /

**If there are any allergies, medical conditions or comments of concern,
 please specify:**

Would you be willing to assist in your child's class should the need arise?

() YES () NO