

WESTHAMPTON PRESBYTERIAN CHURCH
Sunday School Registration Form

Today's Date _____

Child's Name _____ D.O.B. _____

School Grade in September _____ Age in September _____

Baptized? Yes No Date of Baptism (if known) _____

Parent/Guardian Name(s) _____

Home Address _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____

Email Address _____

Please list any allergies (include food allergies) or other concerns the staff should be aware of

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

Name _____ Relationship _____

Phone _____

Please check if you are willing to share a teaching position. What levels would you consider:

___ Toddler ___ Prek/Kg ___ Grades 1-2 ___ Grades 4-5 ___ Secondary

Signature of Parent/Guardian _____

Office Use: Updated/No Changes 2014 2015 2016