



First Presbyterian Church
 621 College Avenue • Wooster, Ohio 44691
 (330) 264-9420 • www.firstpreswooster.org

Sunday School Registration

Last Name: _____

Address: _____

Parent/Guardian Name _____

(Address if different than child's) _____

Parent/Guardian Name _____

(Address if different than child's) _____

Children live with _____ Step-parent name _____

Phone Number(s): _____

List all children through 5th Grade:

Child's Name	Nickname	M/F	DOB	Grade	Allergies

Indicate any allergies, medical concerns, learning disabilities, behavior issues, gifts or talents, etc., which we should know about your child:

Do you grant us permission to use photos of your child(en) in church publications, bulletin boards, website, etc.?

Yes _____ No _____

Do you grant us permission to use videos of your child(en) in church website, classroom, events, etc.?

Yes _____ No _____

Emergency Authorization: In the event of a medical emergency, you have my permission to call 911 for help and to attempt to locate an M.D. in church. I understand you will locate and notify me immediately. While my child is in class, I can be located in _____. **If I will not be on the church premises, I understand that I must tell my child's teacher where and how I can be located, in case of an emergency.**

Parent or Guardian Signature _____

I am interested in receiving information about becoming a member of First Presbyterian Church.

I am interested in learning about volunteer opportunities.