

First Presbyterian Church, Davenport, IA Sunday School Registration 2011

Contact Pastor Pamela J. Hoogheem, Associate Pastor, with any questions or concerns:
563-326-1691 or hoogheem@fpcdavenport.org.

CHILD'S NAME	D.O.B (At least age 3 by Sept. 30)	SCHOOL GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: IF CHILD LIVES IN TWO DIFFERENT HOUSEHOLDS, PLEASE ADD SECOND HOUSEHOLD INFO ON OTHER SIDE OF THIS PAGE.

PARENT/GUARDIAN NAME(S):

FPC member? ___Yes___No; I would like information about joining First Presbyterian Church.

PLEASE INDICATE WHO MAY PICK UP THE CHILD/YOUTH BESIDES YOU:

Name _____	Relationship _____
Name _____	Relationship _____

MUST HAVE ID upon request AND BE ON ABOVE LIST TO PICK UP
SIBLINGS ARE NOT PERMITTED TO PICK UP CHILDREN

HOME ADDRESS:

Street Address

City

State

Zip Code

HOME #: _____ CELL #: _____

Email _____

Is there anything we should know to help us ensure the best possible Sunday school experience for your child? This information will be kept confidential. (Please include any learning disabilities, physical limitations, allergies, or relevant custody arrangements.)



Please complete the back of this form.



First Presbyterian Church offers choirs for children in Preschool to 12th grades. Steve Jobman, the Minister of Music, would be happy to talk with you about the music program. ___I would like my children to participate in choir; please have Steve Jobman contact me.

PERMISSION AND RELEASE STATEMENTS

“I give permission for the above named child(ren) to participate in First Pres.’ Sunday School program. I understand that I am required to remain on the First Pres. campus while my child(ren)attend Sunday School.”

Parent/Guardian Signature

Date

Occasionally we photograph children at First Pres and use the photos, without identifying children by name, in our publications or on our website. Please indicate below:

____YES. You may use photographs of my child(ren) in publications or on the website.

____NO. Please do not use photographs of my child(ren).

Parent/Guardian Signature

Date

If child(ren) live(s) in two households, please complete:

PARENT’S /GUARDIAN NAME:

First Pres member? Yes No

Street Address

City

State

Zip Code

HOME #: _____ CELL #: _____

____Please send information about Children’s Ministries (newsletters, etc.) to the other parent.

OFFICE USE ONLY

DATE ENTERED IN CHURCH WINDOWS _____