

Second Presbyterian Church

Children's Ministry Registration Form 2020-2021

Child 1 Name: _____ Grade: _____ DOB: _____

Allergies/Special Needs: _____

Child 2 Name: _____ Grade: _____ DOB: _____

Allergies/Special Needs: _____

Child 3 Name: _____ Grade: _____ DOB: _____

Allergies/Special Needs: _____

Child 4 Name: _____ Grade: _____ DOB: _____

Allergies/Special Needs: _____

Parent/Guardian 1: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Email address: _____

Parent/Guardian 2: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Email address: _____

I grant permission for Second Presbyterian Church to photograph my child(ren) for program and publicity purposes in accordance with church policy.

Signature: _____

Date: _____

Please make a Sunday School bag of materials for my child(ren)

Please make a WOW bag of materials for my child(ren)

You can MAIL this form to:

Jen Brown, Second Presbyterian Church, 460 E. Main St, Lexington, KY 40507

OR

You can scan & EMAIL this form to: jenb@2preslex.org