

Second Presbyterian Church

Children's Ministry Registration Form 2021-2022

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: _____

I would be willing to be a Sunday School Volunteer helping with Check-In/Extra hands in classrooms – Name: _____

I would be willing to be a substitute Sunday School teacher – Name: _____

I would be willing to help in WOW – Name: _____

I would be willing to help with the Children's Christmas Pageant – Name: _____