

## 2021-2022 Sunday Morning Faith Formation for Children Registration Form

Please Print Clearly	Today's Date	
Phone number(s) at which you may be on reached Sunday Morning while you are in the church building.		
Name of Child	Current Grade	
Child's Birth Date School District and Elementary School		
<b>Please provide information for classroom teachers to know about your child</b> , for example: health concerns, special learning needs, allergies, etc. This information will be kept confidential among the teaching team members and JoAnn Jones, Director of Children and Tweens Faith Formation.		
Name of Child		
Child's Birth Date School District and Elementary Schoo	l	
Please provide information for classroom teachers to know about yo concerns, special learning needs, allergies, etc. This information will b teaching team members and JoAnn Jones, Director of Children and Tv	be kept confidential among the	
Name of Child	Current Grade	
Child's Birth Date School District and Elementary Schoo	l	
Please provide information for classroom teachers to know about your child, for example: health concerns, special learning needs, allergies, etc. This information will be kept confidential among the teaching team members and JoAnn Jones, Director of Children and Tweens Faith Formation.		
Name of Child	Current Grade	
Child's Birth Date School District and Elementary Schoo	l	
<b>Please provide information for classroom teachers to know about your child</b> , for example: health concerns, special learning needs, allergies, etc. This information will be kept confidential among the teaching team members and JoAnn Jones, Director of Children and Tweens Faith Formation.		

	Parents Only	/
Pleas	se complete the f	following.
PARENT INFORMATION		
Names of parents (first and last):		
Name and relationship of person(s) who might bring,	/pick up child, if othe	er than parent:
Name:	Relationship	
Name:	Relationship	
Name:	Relationship	
Is a parent a member of First Presbyterian Church?	yes no	
If not, would you like information about membership	o? yes no	o not at this time
Do you have a Bible in your home that your family ca	an read together?	yes no
Email address to receive periodic information about	your child's class:	
 Child(ren)'s Mailing Address		
Street		
City	State	Zip Code
Family home phone number/preferred phone number	er/indicate cell phon	e
Please complete t	he following. Ma	rk what applies to you:
I, (name) advance notice as to the date(s). Must be Safe Sanct	_am willing to give r tuary compliant.	my time and talent to help in my child's class with some
I will complete the mandatory Safe Sanc	tuaries process so I c	can be scheduled to help in the classroom.
I am Safe Sanctuaries compliant.		
FPCA using photographs and videos that may featu	re your children, but	r children. By submitting this form, you are consenting to which will not identify them by name. Examples of FPCA or on its social media pages. If you have any questions or
		OVER