

Sunday School Registration 2018 - 2019 State College Presbyterian Church



Child/Youth: Last name: _____ First name: _____
Date of birth: _____ Grade for Fall 2018: _____
Any health/allergy alerts: _____

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Children's primary residence: _____

Mother's name: _____ Cell phone: _____
Address: _____
Home phone: _____ Email: _____

Father's name: _____ Cell phone: _____
Address: _____
Home phone: _____ Email: _____

Unless there are special circumstances, all parents are required to be in the building during the Sunday School hour, and we will get you from the Social Hall or Adult Education if needed for an emergency.

Parents signature: _____ Date: _____