

**First Presbyterian Church of Newton
Church School Registration**

2018-2019

Child's Name: _____ DOB: _____ Grade: _____

Address: _____

Parent/Guardian Names: Mother: _____ Father: _____

Home Phone #: _____

Cell # Mom: _____ Cell # Dad: _____

Family Email address: _____

Is child baptized? Yes _____ No _____

If no, are you interested in having your child baptized? Yes _____ No _____

Allergies? Yes _____ No _____ If so, to what? _____

Other concerns a Sunday School teacher should be aware of?

Custody issues we need to be aware of? _____

Best way to reach parent or guardian during church school: _____

Names of brothers and/or sisters:

Name: _____ DOB: _____ Grade: _____ Allergies: _____

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I grant First Presbyterian Church of Newton, the right to take photographs of me and/or my child/children in connection with Sunday School and other church activities. I authorize First Presbyterian Church of Newton and its staff to use and publish the same in print and/or electronically.

I agree that First Presbyterian Church of Newton may use such photographs of me and/or my child/children for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

I have read and understand the above.

Signature of Parent or Guardian: _____

Print Name: _____

Date: _____

