

# Fox Valley Presbyterian Church

Fax: 630/232-6108

August 2009

*Children & Youth  
Information Form*

Please fill out the following information (one form per child) for all children and youth, even those who will not be registered for Sunday School:

Full name \_\_\_\_\_ Nickname \_\_\_\_\_  
Baptized? Yes No Date of Baptism \_\_\_\_\_ \*Grade \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_



Full name \_\_\_\_\_ Nickname \_\_\_\_\_  
Baptized? Yes No Date of Baptism \_\_\_\_\_ \*Grade \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_



Full name \_\_\_\_\_ Nickname \_\_\_\_\_  
Baptized? Yes No Date of Baptism \_\_\_\_\_ \*Grade \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

*\*For children not yet enrolled in kindergarten, please indicate anticipated enrollment date if known.*

### **For Parents of First Grade Students**

The Children's Ministry Team will make a gift of a Bible to all first grade students at the 10:00am worship service on November 8, 2009. Please print carefully below your child's name as you would like it to appear on the cover of the Bible, 24 characters maximum, including spaces.

If you do not wish to have your child participate at this time, please indicate that wish below.

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**Please complete page 2 (over) if registering your child (children)  
ages 3 through grade 6 for Sunday School.**

# Sunday School Registration, Ages 3 through Grade 6

Please register my child for Sunday School for 2009-2010.

*Please complete the information.*

## Contact Information

Mother's name \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's name \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Primary family email \_\_\_\_\_



## Health Information

Child's Name \_\_\_\_\_ Does your child have any allergies? \_\_\_\_\_  
Is your child taking any medications on a regular basis? \_\_\_\_\_  
Do you have any special concerns about your child you would like to share? \_\_\_\_\_

### Pick-up Information

\_\_\_\_\_ I, or another family member will come to the classroom so that my child will be released to a family member. I understand that my child will not be allowed to leave the classroom on her/his own.

\_\_\_\_\_ My child may leave the classroom at the conclusion of Sunday School.



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\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Parent's signature