

Fox Valley Presbyterian Church

Fax: 630/232-6108

August 2008

*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 **October 21, 2007**. 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.

**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 2008-09.

Please complete the information.

Contact Information

Mother's name _____
Work phone _____ Cell Phone _____
Father's name _____
Work phone _____ Cell Phone _____
Address _____ 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.



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



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

Parent's signature

Parent's signature