

2021 – 2022 Registration Form

Please complete a separate form for each child.

Date: _____

PARENT INFORMATION

Parent #1 Name: _____

Email: _____

Phone (C): _____

Parent #1 Name: _____

Email: _____

Phone (C): _____

Address: _____

City: _____ State: _____ Zip: _____

CHILD'S INFORMATION

Child's First Name: _____

Child's Last Name: _____

Date of Birth: Day _____ Month _____ Year _____

Gender:

Girl

Boy

Are you a member of Second Presbyterian Church?

Yes

No

Siblings in our program: Names and Classes

1. _____

2. _____

