

Please complete a separate form for each child.

Date: _____

PARENT INFORMATION

Parent #1 Name: _____

Email: _____

Phone (C): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent #2 Name: _____

Email: _____

Phone (C): _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

CHILD'S INFORMATION

Child's First Name: _____

Child's Last Name: _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Girl Boy

Are you a member of Second Presbyterian Church: Yes No

Siblings in our program: Names & Classes

1. _____

2. _____