

Please complete a separate form for each child.

Date: \_\_\_\_\_

CHILD'S INFORMATION

Full Name: \_\_\_\_\_

Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Gender:  Girl  Boy

PARENT INFORMATION

**Parent #1** Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (C): \_\_\_\_\_

Full Address: \_\_\_\_\_

**Parent #2** Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (C): \_\_\_\_\_

Full Address: \_\_\_\_\_

Optional grandparent contact information for receiving communication

Grandparent #1 Email: \_\_\_\_\_

Grandparent #2 Email: \_\_\_\_\_

Other grandparent emails: \_\_\_\_\_

Are you a member of Second Presbyterian Church?  Yes  No

Do you have other children enrolled, past or present?  Yes  No

If so, please name: \_\_\_\_\_