

Second Presbyterian Church  
Sunday School  
2011-12  
Registration Form

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mobile Phone(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail Addresses: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

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Does Second Church have permission to photograph your child for church publications? (circle one)      yes      no

Please tell us about any food allergies or dietary restrictions your child may have:

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Thank you!