

NURSERY & SUNDAY SCHOOL REGISTRATION FORM

Fourth Presbyterian Church, 126 E. Chestnut Street, Chicago, IL 60611

Fall 2008 - Summer 2009

One per family

Use this form to register children, update your family's information, and/or get on our family mailing list.

PARENT INFORMATION

At least one parent's information is required.

Mother's Name _____

Father's Name _____

Cell _____

Cell _____

Email _____

Email _____

Member of Fourth Presbyterian Church? YES NO

Member of Fourth Presbyterian Church? YES NO

Family mailing address _____
Street City State Zip

Home Phone _____

Family Email _____

Other Phone Numbers in Case of Emergency _____

Alternative Contact Person and Phone Number _____

***Nursery and Sunday School Class List**

Children must be of age by September of upcoming school year.

Nursery (Infants –Two-year-olds)

Three-year-old Class Four-year-old Class Kindergarten Class (Five- and Six-year-olds)

1st grade 2nd grade 3rd grade 4th grade 5th grade

STUDENT/INFANT INFORMATION

Today's date is _____

	<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Nickname</u>	<u>Date of Birth</u> (xx/xx/xx)	<u>Class</u> (*From list above.)
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

If you know, please circle the time you think your child/children will be attending.

8:00 a.m. 9:30 a.m. 11:00 a.m.

(OVER)

SCHOOL INFORMATION

Where do your children attend during the week? If more than one school, please list each child's name with the corresponding school.

Do you have a child who attends a private school where First Communion will be observed? YES NO

FAMILY INSURANCE / MEDICAL INFORMATION

Medical insurance coverage for child/children YES NO Allergies or Physical Limitations YES NO

Insurance Company _____

Please list which child and special instructions for handling allergies or physical limitations

Policy Number _____

Family Physician _____

PLEASE CIRCLE ONE

YES, I DO...

NO, I DO NOT

...give my permission for photographs of my child to be used for publications, websites, or other church-related items used for communication and/or publicity purposes of Fourth Presbyterian Church.

Parent's Signature

Please list additional information you'd like to share with us to help us teach your children:

**Please return this form to the church school office,
church front reception desk, or by mailing it to:**

Fourth Presbyterian Church
Attention: Melissa Scanlan
126 E. Chestnut Street
Chicago, IL 60611
mscanlan@fourthchurch.org

Do you have questions? Would you like another form?

Check out
www.fourthchurch.org/childrenfamily
or contact

Donna Gray, Pastor of Family Ministry
(312) 640-2577 (dgray@fourthchurch.org)