

SUNDAY SCHOOL REGISTRATION FORM

For Peace Presbyterian Church

Please complete the registration form below and return it to the Sunday school room or to the church office.
We only need one form per family, please be sure to include ALL of your children. Thank you!!

Parent's Name: _____

Address: _____

City, State, Zip: _____

Phone: Home _____ **Cell** _____

Email Address: _____

Emergency Contact: _____

Child's Name: _____ *Grade* _____

Birthday _____ *Allergies* _____

Child's Name: _____ *Grade* _____

Birthday _____ *Allergies* _____

Child's Name: _____ *Grade* _____

Birthday _____ *Allergies* _____

Child's Name: _____ *Grade* _____

Birthday _____ *Allergies* _____

I give permission for my son(s) and/or daughter(s) to fully participate in the Sunday school program at Peace Presbyterian Church, including snacks, games and activities. In case of emergency, I understand that every effort will be made to contact the parents/guardians of the child(ren). In the event that I/we cannot be reached, I/we hereby give permission for the medical personnel selected by the Sunday school staff and/or church staff to secure proper and necessary treatment for my child(ren) as named on this form.

Signature & Date: _____

I/we understand during the course of the year pictures may be taken to help us remember the events of the year. I/we give permission for my child's picture to be used in church publication's such as but not limited to: the newsletter, bulletin, website and pictorial directory.

Signature & Date: _____

9/9/16 PPC-SS Reg 16

** Other person authorized to pick up your child(ren) from church _____

Would you like to volunteer for Children's Sunday School? _____

Peace Presbyterian Church
4881 Se Cove Road
Stuart, FL 34997
772-288-4146
Minister Dr. James L. Bailey, II
Safe Gatherings Approval ID #3026546713
Christian Education Director Theresa Woleslagle