

FPCP Sunday School & Childcare Enrollment

2011-2012

Please Print

FAMILY NAME: _____ **Phone No:** () _____

Address: _____

Father: _____ Street _____ city _____ zip _____
 Mother: _____

E-Mail Address: _____ **Cell Phone:** () _____

Emergency Contact: _____
 (in addition to parent) name _____ relationship _____ phone no. _____

As a parent of this child, I will support the Sunday School program and will see that my child has regular attendance.

I plan to show my support by helping with at least one of the following:

- | | |
|--|---|
| ___ Join the teaching team for ages/grade(s) _____ ___ Substitute teacher/helper for ages/grade(s) _____ ___ Childcare Helper ___ Help with Sunday School Mission projects ___ Children's Ministry Team ___ Sew Costumes, banners | ___ Make phone calls, write cards/notes ___ Help plan Family Focused events ___ Organize Classrooms & Supplies ___ Photograph or Video Sunday School events ___ Other skill/s you have! _____ _____ _____ |
|--|---|

It would be extremely helpful if your family would commit your Sunday School attendance to one specific hour. **Please circle the hour you prefer. 9:00 a.m. or 10:30 a.m.** (Grade 5 and younger only)

Parent signature

date

Parent signature

date

Please place this completed form in the Sunday School Registration box located in the Narthex near the Night Attendant's desk. Thank you.

①

Child's Name: _____
 Birth Date: _____
 M _____ F _____ Age: _____ Grade: _____
 Allergies (Food, Medicine): _____
 Any Concerns/Information helpful for us to Know: _____

③

Child's Name: _____
 Birth Date: _____
 M _____ F _____ Age: _____ Grade: _____
 Allergies (Food, Medicine): _____
 Any Concerns/Information helpful for us to Know: _____

②

Child's Name: _____
 Birth Date: _____
 M _____ F _____ Age: _____ Grade: _____
 Allergies (Food, Medicine): _____
 Any Concerns/Information helpful for us to Know: _____

④

Child's Name: _____
 Birth Date: _____
 M _____ F _____ Age: _____ Grade: _____
 Allergies (Food, Medicine): _____
 Any Concerns/Information helpful for us to Know: _____

First Presbyterian Church
701 Church St.
Plymouth, MI 48170
734.453.6464

Smile God Loves You!

PHOTOGRAPH RELEASE

As part of my child's (children's) participation in Sunday School (SS) at First Presbyterian Church of Plymouth, I hereby give my consent to the photographing/video-graphing of my child (children) and to the recording of my child's (children's) voice(s).

SS at the First Presbyterian Church of Plymouth is hereby authorized to use or cause to be used said still photographs or motion picture footage and voice recording for general publicity or other Church purposes. Said photograph and/or recordings may be used singularly or in conjunction with other photographs and/or recordings.

First Presbyterian Church of Plymouth's SS has my authorization to reproduce, or cause to be reproduced and used such photographs and voice recordings.

I hereby release SS at the First Presbyterian Church of Plymouth, their directors, officers, agents and employees from all claims of any kind on account of such use.

Child or Children Names:

Parent Name: _____

Parent Signature: _____ Date: _____