



**Providence Presbyterian Church
Sunday School Registration Form**

Child's Name _____ Male _____ Female _____

Nickname _____ Date of Birth _____

Age _____ Grade _____

Address _____

Parents/Guardians _____

Relationship to child _____

Home Phone # _____

Cell Phone # _____

Email Address _____

Emergency Contact Info:

Name _____ Phone # _____

Relationship to child _____

Emergency and Medical Information

Please list any known allergies, dietary restrictions, chronic medical problems, or medications your child takes regularly:

