

## Registration Form 2011 – 2012

### Church School, PAC, PresbyTeens, and Confirmation

Family Information (this information is used for education & youth purposes and is not published in the church directory).					
Parent(s) or Guardian(s) Name(s)					
Street Address					
City, State, Zip					
Home Phone	Cell Phone	Work Phone			
E-mail #1			E-mail #2		
<ul style="list-style-type: none"> <li>We use e-mail as the primary means of communicating with parents and youth about church school, PAC and Presbyteen events.</li> <li>Please include youth e-mail addresses where indicated below, if available.</li> <li>PAC is for children in grades 1 thru 6.</li> <li>PresbyTeens is for youth in grades 7 thru 12.</li> </ul>					

Parent Participation (Children & youth programs are volunteer powered. Please check where you can help.)	
<input type="checkbox"/> An extra pair of hands in Sunday classrooms every now and then <input type="checkbox"/> Teach on a rotation basis <input type="checkbox"/> Admin/Organizational help <input type="checkbox"/> Telephoning or driving <input type="checkbox"/> Serve on Christian Education Committee	<input type="checkbox"/> Substitute teach from time to time <input type="checkbox"/> Help with special events <input type="checkbox"/> Food for special occasions <input type="checkbox"/> Help with fundraisers <input type="checkbox"/> Other (please specify)

Student / Child 1					
Please check one:	<input type="checkbox"/> Church School Registration	<input type="checkbox"/> PAC Registration	<input type="checkbox"/> PresbyTeens Registration	<input type="checkbox"/> Confirmation Registration	
Name			Birthdate	Age	
School	Grade	Special interest or needs			
Youth Email			Any Allergies?		

*(continued on reverse side)*

Student / Child 2								
Please check one:	<input type="checkbox"/> Church School Registration		<input type="checkbox"/> PAC Registration		<input type="checkbox"/> PresbyTeens Registration		<input type="checkbox"/> Confirmation Registration	
Name				Birthdate			Age	
School			Grade			Special interest or needs		
Youth Email				Any Allergies?				

Student / Child 3								
Please check one:	<input type="checkbox"/> Church School Registration		<input type="checkbox"/> PAC Registration		<input type="checkbox"/> PresbyTeens Registration		<input type="checkbox"/> Confirmation Registration	
Name				Birthdate			Age	
School			Grade			Special interest or needs		
Youth Email				Any Allergies?				

Student / Child 4								
Please check one:	<input type="checkbox"/> Church School Registration		<input type="checkbox"/> PAC Registration		<input type="checkbox"/> PresbyTeens Registration		<input type="checkbox"/> Confirmation Registration	
Name				Birthdate			Age	
School			Grade			Special interest or needs		
Youth Email				Any Allergies?				

Student / Child 5								
Please check one:	<input type="checkbox"/> Church School Registration		<input type="checkbox"/> PAC Registration		<input type="checkbox"/> PresbyTeens Registration		<input type="checkbox"/> Confirmation Registration	
Name				Birthdate			Age	
School			Grade			Special interest or needs		
Youth Email				Any Allergies?				