

**First Presbyterian Church of Avenel**

**Sunday School Registration form**

Sunday School Starts on October 9, 2022 10:15 am in the Choir Room in the Sanctuary

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**SUNDAY SCHOOL REGISTRATION FORM**

**(Please Print Clearly)**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I give permission to allow my child \_\_\_\_\_ to be photographed or videoed for the purpose of showing Sunday School activities as a display on our church website at <http://avenelprebyrianchurch.org>.

Signature: \_\_\_\_\_

**Please return you completed form to the First Presbyterian Church of Avenel,  
621 E. Woodbridge Ave. Avenel, NJ 07001**