

First Presbyterian Church

150 North Broadway, P.O. Box 787
South Amboy, NJ 08879
Tel. 732-721-4516

20__-20__

SUNDAY SCHOOL REGISTRATION FORM

Child's Name _____

Address _____

City _____ *Zip* _____

Birth Date _____ *School Grade* _____
Starting in Fall

Parent(s) Name _____

Telephone _____

Allergies _____

Emergency Contact name _____

Emergency Contact Phone _____

**THE FALL TERM BEGINS FIRST SUNDAY OF
OCTOBER - 9:00 AM THRU SECOND SUNDAY IN JUNE**

For Office Use

Assigned to Class _____

Teacher _____

Date _____

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