

WYOMING PRESBYTERIAN CHURCH 2019-2020 SUNDAY SCHOOL REGISTRATION

FAMILY INFORMATION

Parent:		Relationship:	
Parent:		Relationship:	
Phone:	Type (home, cell):	Family E-mail:	
Family Mailing Address:		Town:	ZIP Code:

CHILD 1 INFORMATION

CHILD'S NAME:		
NICKNAME:	Birth Date:	GRADE:
MEDICAL CONDITIONS/ALLERGIES:		

CHILD 2 INFORMATION

CHILD'S NAME:		
NICKNAME:	Birth Date:	GRADE:
MEDICAL CONDITIONS/ALLERGIES:		

CHILD 3 INFORMATION

CHILD'S NAME:		
NICKNAME:	Birth Date:	GRADE:
MEDICAL CONDITIONS/ALLERGIES:		

CHILD 4 INFORMATION

CHILD'S NAME:		
NICKNAME:	Birth Date:	GRADE:
MEDICAL CONDITIONS/ALLERGIES:		

Please return form to church office or email to Sabrina Legiec at sundayschool.wpc@yahoo.com.