

## CPC Sunday School Enrollment, 2007-2008

**Name(s) of Child(ren)** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **School Grade (Fall 2007)** \_\_\_\_\_

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**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

 \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_  \_\_\_\_\_

**Family E-mail Address** \_\_\_\_\_

Are there any special needs that your child has (such as allergies, learning factors, behavioral, medical, dietary, physical, spiritual or emotional) that we need to be aware of in order to make his/her Sunday School experience a positive one?

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\_\_\_\_\_ I give permission for my child(ren) to be enrolled in the Clinton Presbyterian Church Sunday School program for the September through May term and to participate in all of its activities. I understand that I will be informed of any away-from-the-Church activities except for walks in the immediate town of Clinton.

\_\_\_\_\_ I give permission for any pictures taken during Church-related activities which include my child(ren) to be used on the Clinton Presbyterian Church website. I understand that no names or other identifying information will be included with the photo.

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return this form to the church office or mail to: Clinton Presbyterian Church, P.O. Box 5212, Clinton, NJ 08809.**