



Sunday School Registration Form

First Presbyterian Church of Pleasant Valley

2016—2017

Child's Name: _____

Parent's Name(s): _____

Address: _____

Age: _____ Grade: _____ Date of Birth: _____

Email Address: _____

Phone Numbers:

Home Phone #: _____

Work #: _____ Cell#: _____

Allergies/Medical Concerns: _____

Any other information that you feel the directors need to know about your child: _____

Please join us for worship during Sunday School.

PICK UP FROM SUNDAY SCHOOL WILL BE IN THE FELLOWSHIP HALL.

PARENT/GUARDIAN Signature _____

Are you available to volunteer to help throughout the school year? YES NO

I can help with (please circle): Teaching Substitute Assistant Christmas Pageant

Parties Family Nights Bake Sales VBS Youth Group

Please return to Dara Brands or to the Church office, P.O. Box 664, Pleasant Valley, NY 12569