

**NURSERY AND SUNDAY SCHOOL REGISTRATION
FALL 2004–SUMMER 2007**

Use this form to register children, update information, or subscribe to our mailing list. One form per family.

PARENT INFORMATION

At least one parent's information is required.

Mother's name _____

Cell phone _____

E-mail _____

Member of Fourth Church? yes no

Father's name _____

Cell phone _____

E-mail _____

Member of Fourth Church? yes no

Family mailing address

Street	City	State	Zip Code
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Home phone	Family e-mail
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Additional numbers (in case of emergency) _____

Alternative contact person and phone number _____

CHILD INFORMATION

Today's date _____

Name (first, middle, last) _____

Nickname _____

Date of birth _____ Class (see list following) _____

Name (first, middle, last) _____

Nickname _____

Date of birth _____ Class (see list following) _____

Name (first, middle, last) _____

Nickname _____

Date of birth _____ Class (see list following) _____

NURSERY AND SUNDAY SCHOOL CLASS LIST

*Children must be of age by September of the upcoming school year.
We will update your child until September 2007 unless we hear from you.*

Nursery (infants and 2-year-olds)

3-year-old class 4-year-old class Kindergarten (5- and 6-year olds)

1st grade 2nd grade 3rd grade 4th grade 5th grade

If you know, please circle the time your child/children will be attending:

8:00 a.m.

9:30 a.m.

11:00 a.m.

SCHOOL INFORMATION

Where do your children attend during the week?
If more than one school, please list each child's name and corresponding school.

FAMILY INSURANCE AND MEDICAL INFORMATION

Medical insurance coverage for children? yes no

Insurance Company _____

Policy number _____

Family physician _____

Allergies or physical limitations? yes no

List child's name and any special instructions for handling allergies, limitations:

Please circle one: **Yes, I do . . .** **No, I do not . . .**

. . . give my permission for photographs of my child to be used for publications, websites, or other church-related items used for communication and/or publicity purposes of Fourth Church.

Parent's signature _____

**Please return this form to the church school office, church reception desk,
or by mailing it to:**

Fourth Presbyterian Church
Attn: Jill Schiltz
126 E. Chestnut
Chicago, IL 60611