Parkwood Presbyterian Church

2026/2027 Church School Registration

SIGN ME UP!!

Child's First Name: _____ Child's last name: _____

Grade: _____ Age: _____ Birth Date (MM/DD/YY): _____

Mailing Address: Apt./unit #_____ Street address: _____

City/Province/Postal Code: _____

Mother's First Name: _____ Mother's Last Name: _____

Mother's Home Telephone: _____ Mother's Cell: _____

Mother's E:mail:_____

Father's First Name:_____ Father's Last Name: _____

Father's Home Telephone: _____Father's Cell: _____

Father's E-mail address: _____

Is there another adult who brings this child? Yes / No _____

If yes, specify name: _____ Phone: _____

Does this child have any allergies? Yes/No _____

If Yes, please specify: _____

Does this child have any learning disabilities or other special needs? Yes/No _____

If Yes, please specify: _____

I give permission for my child's/children's photo to be used in the church bulletins, newsletters and/or the Parkwood website.

Date Signed (MM/DD/YY): _____ Signature:_____