

First Presbyterian Church of Yorktown  
CHURCH SCHOOL REGISTRATION 2012-2013

Child's Name	Date of Birth	Current Grade
1) _____		
2) _____		
3) _____		

Parents'/Guradians' Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

Would you be willing to assist in your child's class should the need arise? ( ) YES ( ) NO

Has your child been baptized? ( ) YES ( ) NO  
If not, would you like to speak to Pastor Chip about baptism? ( ) YES ( ) NO

Any additional health (medical, developmental, emotional) information that you feel your child's teacher should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

Would you like a call from your child's teacher to discuss any further questions? ( ) YES ( ) NO

Adult Education usually has an adult forum running during Church school. Would you be interested in attending or in hearing more about this program? ( ) YES ( ) NO

Are you a member of FPCY? ( ) YES ( ) NO  
If not, would you like to speak to Pastor Chip about being part of a new members class? ( ) YES ( ) NO  
If you are not members, how did you hear about our church school program?  
\_\_\_\_\_

**IMPORTANT:** Please indicate by checking below if you do not wish to give your permission for FPCY to use photos or videos of your child/children on the church website or Facebook page.  
( ) I do not give permission to use photos or videos of my child on the church website or Facebook.

Finally, we love for parents to get involved in our program! Would you be willing to possibly participate in our Church School program?

- ( ) Shepherd ( ) Center Leader (Art, Media, Faith Today, Moved by the Spirit, and Cooking)
- ( ) Substitute ( ) Snack Coordinator ( ) music
- Assist with: ( ) a Center ( ) Pre-K ( ) Gathering Time ( ) Middle School