

Faith Presbyterian Church
Family Ministry Program Registration

2011/2012

(Please complete both sides and return form to the office)

FAMILY LAST NAME _____
 FATHER'S FIRST NAME _____ MOTHER'S FIRST NAME _____
 Address _____
 City _____ Zip _____

Are you a member of Faith Church?
 __ YES __ NO
 CHILD(REN) LIVE WITH: (check all that apply)
 __ Both parents __ Mother __ Father
 __ Stepparent __ Guardian __ Other
 If Other, please specify _____

CONTACT INFORMATION Preferred method of communication: ___ Mail ___ Phone ___ Email

PHONE HOME _____ MOTHER'S CELL _____ FATHER'S CELL _____

EMAIL (please print) MOTHER _____ FATHER _____ OTHER _____

Student Information	1st Child	2nd Child	3rd Child	4th Child
First Name				
Last Name (if different)				
Student cell phone				
Student email address				
Grade in 11/12				
School attending in 11/12				
Birth Date				
Gender				
Are you Baptized/date?				
Are you Confirmed/date?				
Would like information for Baptism &/or Confirmation				

PROGRAM REGISTRATION To register for Family Ministries Programs, move down the column for each child and write the grade in the box of the program(s) for which you are registering.

Sunday School (3's—5th) Sundays 9:00—10:00 am				
Stimulate (6th—8th) Sundays 9:00—10:00 am				
Focus (9th—12th) Sundays 7:00—9:00 pm				
Kidz of Faith (K—5th) Wednesdays 6:30—8:00 pm				
Lighthouse (6th—8th) Wednesdays 6:30—8:00 pm				

To better serve you, list any Special Needs (Dietary, food allergies, LD, ADHD, physical restrictions, etc.)

Special Needs/ Disabilities/Allergies				
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