Dear Parents:

For safety and security, it is very important that we have a Registration Form filled out for each child at First (Scots) Presbyterian Church. This form has valuable information that is needed in the church office as well as information that is helpful to the Sunday school teachers.

Please fill out one form for each child in your family and return it to the church office.

Forms can be mailed to: The Rev. Lissa Long, Transitional D.C.E.
First (Scots) Presbyterian Church
53 Meeting Street
Charleston SC 29401
Forms can be emailed to: llong@first-scots.org

Thank you,
Lissa

.....

First (Scots) Presbyterian Church 2016-2017 Registration Form
(One per child/youth) PLEASE PRINT

Child/Youth's Full Name_____Nickname_____
(Last) (First)
Parents'/Guardians' Names_____

Birthday____/_____/_____ Baptized: _____Yes _____No

Grade (for Fall 2016)_____School_____

Home Address_____

Phone Numbers: Home/ Work/ Cell_____

E-mail address: Home_____

Work_____

Allergies/Other Medical Information we need to know:_____

_____
Parent's Signature

I hereby consent that permission has been granted to First (Scots) Presbyterian Church for the usage/publishing of photograph(s) and/or reproducing the voice(s) of the above named minor(s) for any media purposes related to the church. **_____ (initials of parent/guardian)**