First Presbyterian Church of Cranbury, NJ Youth Group Registration Form 2017-2018

Name of Youth:	Date of Birth:
Age: Grade:	School:
Name(s) of Parent(s):	
Home Phone Number:	
Cell Phone Number(s) of Pare	nt(s):
Cell Phone Number of Studer	·
Home Address:	
City:	State: Zip Code:
Email address:	
Church Affiliation:	
Date of baptism (approx.)	Date of confirmation (approx.)
Name (s) of Sibling(s):	
Allergies, medications, note	·
	to use photos of my child on the Cranbury Presbyterian Church websiteters, provided that my child's name or other specific information is not any photos of my child.
including Sunday school prog participate in Sunday school activities or Sunday school at Neither the staff nor to	child to participate in activities of the Cranbury Presbyterian Churcams. I understand that it is expected that I (and/or my spouse) will eitled classes for children or adults or will be on call while my child is
PARENT SIGNATURE:	DATE:
PARENT NAME (printed):	