

CHILDREN'S & FAMILY MINISTRIES [3 yrs – 6th Grade] REGISTRATION
Fairmount Presbyterian Church, Cleveland Heights, OH

Today's Date _____ FAMILY'S LAST NAME(S) _____

Mother's Name _____ **Father's Name** _____

Address _____ Address _____
[if different & if so, please indicate child's resident address]

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

E-Mail: _____ E-Mail: _____

Other contact information to reach you about Fairmount as needed (work phone; additional e-mail addresses, etc.)

Child's Name _____ **Date of Birth** _____

Current Grade _____ At What School? _____

Baptismal Information: Date _____ [check one] At Fairmount? _____ Elsewhere? _____ **OR** Not Baptized? _____

To whom may child be dismissed? _____

Special Needs (allergies, other medical concerns, etc.) _____

Child's Name _____ **Date of Birth** _____

Current Grade _____ At What School? _____

Baptismal Information: Date _____ [check one] At Fairmount? _____ Elsewhere? _____ **OR** Not Baptized? _____

To whom may child be dismissed? _____

Special Needs (allergies, other medical concerns, etc.) _____

Child's Name _____ **Date of Birth** _____

Current Grade _____ At What School? _____

Baptismal Information: Date _____ [check one] At Fairmount? _____ Elsewhere? _____ **OR** Not Baptized? _____

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To whom may child be dismissed? _____

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