

DOYLESTOWN PRESBYTERIAN CHURCH

127 East Court Street
Doylestown, PA 18901

Church School Registration

Child's Name _____
Last First Middle Goes By

Address _____
(Number and Street) (City) (State) (Zip)

Sex - M F Birthdate _____ Graduation Year _____ Phone _____
(Circle One) (Month/Day/Year) (See conversion chart on other side)

School Attending _____ Email _____ IM Address _____

Year or Grade in Church School - Circle the appropriate year or grade for the current year:

Nursery Toddler Pre-School Pre-Kindergarten Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12
(See conversion chart on other side to determine correct class prior to kindergarten.)

Father/Guardian _____ DPC Member? (Y,N) _____

Mother/Guardian _____ DPC Member? (Y,N) _____
(maiden name)

Child lives with father _____ mother _____ both _____ guardian _____ .

Names and ages of other children in the family: _____

Child's Baptism Information:

Church (name & denomination), city, state _____

Date _____ By Whom? _____

Health Problems or Allergies: Please list. _____

Medications, Learning Disabilities, or ADD: Please elaborate. _____

Special Needs: DPC offers a Church Buddy Program to help families who need assistance in attending Church School and/or worship. Please use this space if you would like more information about this program or to list any special needs that you feel his/her teachers should be aware of. _____

I, the parent/guardian of the above, in the event of an emergency and in the event that I cannot be reached, hereby give my permission to the proper medical authorities selected by the Church School staff to hospitalize, secure proper treatment for, and/or to order injections, anesthesia, or surgery for my child as named above.

Parent/Guardian Signature _____

Date Form Completed or Updated: _____