



Registration Form

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ School grade: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip code: _____

Home telephone: (____) _____

Parent/caregiver's cell phone: (____) _____

Home email address: _____

Home church: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: (____) _____

Relationship to child: _____

Kids First
First Presbyterian Church of Cleveland
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