



FRPC SUNDAY SCHOOL AND NURSERY

ONE PER FAMILY

CHILD'S NAME	BIRTHDAY	ALLERGY/ MEDICAL	GRADE

PARENT / GUARDIAN NAME: _____

ADDRESS: _____

CELL NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT & NUMBER: _____

I CONSENT TO MY CHILD(REN) BEING PHOTOGRAPHED & PICTURES
PLACED IN THE FRPC WEBSITE AND/OR FB PAGE.

___ YES ___ NO

I CAN DONATE :

___ MY TIME ___ SNACKS ___ DRINKS ___ SUPPLIES