FAIR OAKS PRESBYTERIAN CHURCH CHRISTIAN EDUCATION PROGRAM FAMILY REGISTRATION FORM NON-MEMBER

FATHER'S NAME:			
Last	First	Middle	HOME DHONE.
ADDRESS:			HOME PHONE: CELL PHONE:
EMPLOYER:			WORK PHONE:
MOTHER'S NAME:Last			
Last	First	Middle	HOME BHOME
ADDRESS:			HOME PHONE:
EMPLOYER:			CELL PHONE: WORK PHONE:
FAMILY E-MAIL ADDRESS:			
		e most likely to use regular	·ly)
	СПП РБ	EN'S INFORMATION	N
	CHILDK	EN SINFORMATION	7
NAMES (beginning with the oldest):			
· Last			BIRTHDATE:
Last	First	Middle	mm/dd/yr
SCHOOL ATTENDING IN FALL: _			GRADE:
			DIDENID A TE
Last	Eirat	Middle	BIRTHDATE:mm/dd/yr
CHOOL ATTENDING IN FALL: _			· · · · · · · · · · · · · · · · · · ·
·			BIRTHDATE [.]
Last	First	Middle	BIRTHDATE:mm/dd/yr
SCHOOL ATTENDING IN FALL: $_$			GRADE:
			BIRTHDATE:
l		Middle	mm/dd/yr
Last	First	Middle	an i b c
Last CHOOL ATTENDING IN FALL: _	First	Middle	GRADE:
Last SCHOOL ATTENDING IN FALL:		al children on a separate	GRADE:

asc j		on (insurance company(s), plan number(s), member name).	
ease l	list primary physicians and/or healt	h care providers and their phone numbers	s for each child.	
	Child	Physician	Phone	
	of these children take prescription			
f yes, v	of these children take prescription	drug(s) or medication regularly?		

**Please indicate which, if any, may result in a reaction requiring immediate or emergency attention and provide any additional necessary information in the space provided at the end of this form.

Please add any additional information that you feel should be included with your family's record.