



Davidson College Presbyterian Church Family Information Form 2018-2019

Please fill out one form for the family to cover all Faith Formation programs, choir & childcare this school year.

This information will keep our church records updated and be our means of contacting you while your child is participating in church activities.

Child's Full Name	Goes by	Gender (circle) M / F	Birthday	Baptized (circle) Y / N	School	Grade (check one)
_____	_____	M / F	_____	Y / N	_____	<input type="radio"/> Nursery (age 0-2) <input type="radio"/> Preschool 3s <input type="radio"/> Preschool 4s <input type="radio"/> TK <input type="radio"/> Kindergarten <input type="radio"/> 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd <input type="radio"/> 4 th <input type="radio"/> 5 th
_____	_____	M / F	_____	Y / N	_____	<input type="radio"/> Nursery (age 0-2) <input type="radio"/> Preschool 3s <input type="radio"/> Preschool 4s <input type="radio"/> TK <input type="radio"/> Kindergarten <input type="radio"/> 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd <input type="radio"/> 4 th <input type="radio"/> 5 th
_____	_____	M / F	_____	Y / N	_____	<input type="radio"/> Nursery (age 0-2) <input type="radio"/> Preschool 3s <input type="radio"/> Preschool 4s <input type="radio"/> TK <input type="radio"/> Kindergarten <input type="radio"/> 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd <input type="radio"/> 4 th <input type="radio"/> 5 th
_____	_____	M / F	_____	Y / N	_____	<input type="radio"/> Nursery (age 0-2) <input type="radio"/> Preschool 3s <input type="radio"/> Preschool 4s <input type="radio"/> TK <input type="radio"/> Kindergarten <input type="radio"/> 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd <input type="radio"/> 4 th <input type="radio"/> 5 th
_____	_____	M / F	_____	Y / N	_____	<input type="radio"/> Nursery (age 0-2) <input type="radio"/> Preschool 3s <input type="radio"/> Preschool 4s <input type="radio"/> TK <input type="radio"/> Kindergarten <input type="radio"/> 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd <input type="radio"/> 4 th <input type="radio"/> 5 th

Parent Name (contact #1) _____ Phone _____ Email _____

Parent Name (contact #2) _____ Phone _____ Email _____

Address _____ City/Zip _____

Ages 4 and up: Will your child(ren) sing in choir? If yes, please list his/her name(s) here: _____

Practices are Wednesday evenings 5 pm. Children lead worship on scheduled Sundays at 11 am. Jane Cain, Music Director; David Brinson, Associate Director

Do you get DCPC emails? Yes No Would you like to be added to the email distribution list? Yes No

Are there any special needs, allergies or information you would like to share with us so we can better care for your children? Yes No

We do often provide snacks. Please note food allergies in particular. If yes, please write on the back of this sheet.

May we use photographs of your children in our church publicity (with no identifying information)? Yes No

Signature _____ Date _____

Questions? Please contact Jenny Alexander, Staff Associate for Children's Ministry, jalexander@dcpc.org or 704-892-5641.