

**South Highland Presbyterian Church**  
**Sunday School Registration 2023-2024**

Child's Name: \_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_

Birth date: \_\_\_\_\_ Any Allergies? \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email:\_\_\_\_\_

Home Address: \_\_\_\_\_

Location of Responsible Adult During Sunday School Hour: \_\_\_\_\_

Person who will pick up child from activities: Parent \_\_\_\_\_

Other (please specify) \_\_\_\_\_