



**FIRST
PRESBYTERIAN
CHURCH**
Jackson, Mississippi

SUNDAY SCHOOL ENROLLMENT FORM

Children and Student Ministries

Please complete and return this form to your child's Sunday School leader or email to lisao@fpcjackson.org.

SPECIFIC CLASS TO BE ENROLLED IN (Check One):

<input type="checkbox"/> Nursery	<input type="checkbox"/> 5's *	<input type="checkbox"/> 4th Grade	<input type="checkbox"/> 7th Grade	<input type="checkbox"/> 11th Grade
<input type="checkbox"/> 2's *	<input type="checkbox"/> 1st Grade	<input type="checkbox"/> 5th Grade	<input type="checkbox"/> 8th Grade	<input type="checkbox"/> 12th Grade
<input type="checkbox"/> 3's *	<input type="checkbox"/> 2nd Grade	<input type="checkbox"/> 6th Grade	<input type="checkbox"/> 9th Grade	
<input type="checkbox"/> 4's *	<input type="checkbox"/> 3rd Grade	<input type="checkbox"/> 10th Grade	<input type="checkbox"/> Special Friends Class	

*Must be age listed by September 1.

CHILD'S INFORMATION:

Mr. _____
Miss _____ / _____ / _____
(First Name) (Middle Name) (Last Name)

Nickname (or preferred name): _____

Birthday: _____ / _____ / _____ Gender: (M) (F)
(Month) (Day) (Year)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

School: _____ Grade: _____

CHURCH AFFILIATION

Church Member? Yes/No Church Name: _____

Church Address: _____

Date of Baptism: _____

FAMILY MEMBERS

Father: _____
(Name) (Birthday) (Enrolled in Sunday School? If yes, which class?)

(Phone) (Email)

Mother: _____
(Name) (Birthday) (Enrolled in Sunday School? If yes, which class?)

(Phone) (Email)

Siblings: (Name and DOB) _____
