



First Presbyterian Church of Buffalo

Sunday School

Registration Form

Please complete the following form and return it to the Church Office.

Parent's Name(s): _____

Address: _____ City: _____ Zip: _____

Phone Number: (home) _____ (cell) _____ (work) _____

Email: _____ @ _____

Children in Sunday School:

Name: _____ Date of Birth _____ Grade in September _____

Name: _____ Date of Birth _____ Grade in September _____

Name: _____ Date of Birth _____ Grade in September _____

Name: _____ Date of Birth _____ Grade in September _____