![MC900155356[1]]()

 **First Presbyterian Church of Hartford**

 **Church School Information Form**

**Child’s Personal Information Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Child’s LAST Name |  |
| Child’s FIRST Name |  |
| Nickname |  |
| Age |  |
| Birthday (MM/DD/YYYY) |  |
| Grade in upcoming year |  |

**Family Information**

|  |  |
| --- | --- |
| Parents’/Guardians’ Names |  |
| Home Address |  |
| City/State/Zip Code |  |
| Home Phone |  |
| Cellular Phone |  |
| E-Mail Address |  |
| Emergency Contact Name |  |
| Emergency Phone Number |  |

**Emergency and Medical Information**

|  |
| --- |
| **(Known medical conditions, allergies, current medications)** |
|  |
|  |
| **For children ages 12 & up: has this child received the COVID-19 vaccine? \_\_\_\_ Yes \_\_\_\_ No** |