

Sunday School at Community Presbyterian Registration Form

Name _____ Age _____

Street Address: _____

City: _____ Zip _____

Home telephone: _____ Cell _____

Home e-mail address: _____

Date of Birth _____ Current grade _____

In case of emergency, contact _____

Mother: _____

Father: _____

Other: _____

Allergies or other medical conditions: _____

4 ways to register!

Mail

Community Presbyterian
PO Box 1449
Pinehurst, NC 28370

Call

295-6848
FAX (form)
295-7339

Online

www.cpcpinehurst.org