

First Presbyterian Church

150 North Broadway, P.O. Box 787
South Amboy, NJ 08879
Tel. 732-721-4516

Year 20__ to 20__

SUNDAY SCHOOL REGISTRATION FORM

Name _____

Address _____

City _____ Zip _____

Telephone _____

Birth Date _____ School Grade _____

Starting in Fall

Parent(s) Name _____

**BEGINS FIRST SUNDAY OF OCTOBER at 9:00 AM
THRU SECOND SUNDAY IN JUNE**

For Office Use

Assigned to Class _____

Teacher _____

Date _____

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