

SALT

Serving and Learning Together

First Presbyterian Church

Southold

Fall 2017

Registration Form

Child's Name: _____

Parent's Name: _____

Mailing Address: _____

Email: _____ Cell Phone: _____

Date of Birth ____/____/____

Grade in School: **K 1 2 3 4 5 6**

Special Interests and Talents: _____

In case of an emergency and I cannot be contacted, please call:

Name: _____

Phone: _____

My child has permission to walk home at the close of SALT: Yes No

I realize it is my responsibility to let program coordinators know if my child is to go home with someone other than a parent. In the event I do not, my child has permission to get a ride home with the following people: _____

Parent's Signature _____ Date _____