

# Children and Youth Registration 2025-2026

## *Invite Friends to Visit or Join!*

### First Presbyterian Church of Bismarck



Household Information:	
Parent/Guardian Name(s):	
Street Address:	
City, State, Zip:	
Primary Email:	
Primary Phone:	
Secondary Phone:	
Primary Contact:	

Child and Youth Information:	
Awesomeness Registering for: (please check all that apply)	<input type="checkbox"/> Sunday School <input type="checkbox"/> PAC <input type="checkbox"/> PresbyTeens
Student's Full Name:	
Grade:	School:
Age:	Birthdate:
Any Food Allergies:	
Special interests or needs:	
Student's Cell Phone Number:	

#### Sunday School Classes (During 10 am Worship):

- Ages 4 through 5<sup>th</sup> grade are welcome
- 6<sup>th</sup> – 12<sup>th</sup> grade are welcome to help any Sunday!

#### Wednesday Evening Programs (5:45-7:30 pm):

- PAC (PresbyAdventure Club) 1<sup>st</sup> – 5<sup>th</sup> Grade
- PresbyTeens 6<sup>th</sup> – 12<sup>th</sup> Grade

Donations are Accepted for Wednesdays Meals and Program Supplies. A suggested \$40 per student, or \$70 per household, is appreciated for the program year. *Please register with the main office as soon as possible.*

Child and Youth Information:	
Awesomeness Registering for: (please check all that apply)	<input type="checkbox"/> Sunday School <input type="checkbox"/> PAC <input type="checkbox"/> PresbyTeens
Student's Full Name:	
Grade:	School:
Age:	Birthdate:
Student's Cell Phone Number:	
Any Food Allergies:	
Special interests or needs:	
Child and Youth Information:	
Awesomeness Registering for: (please check all that apply)	<input type="checkbox"/> Sunday School <input type="checkbox"/> PAC <input type="checkbox"/> PresbyTeens
Student's Full Name:	
Grade:	School:
Age:	Birthdate:
Any Food Allergies:	
Special interests or needs:	
Student's Cell Phone Number:	

My child has my permission to participate in youth activities with First Presbyterian Church of Bismarck. This includes, but is not limited to, Sunday School, PAC, PresbyTeens, and any additional FPC events and activities. Further, as parent and/or guardian, I authorize the treatment of my child by a qualified and licensed medical doctor in the event of a medical emergency. I understand that all efforts will be made to reach me before any medical procedure is performed, unless it endangers my child's life, causes disfigurement, physical impairment or undue discomfort should treatment be delayed.

Signature: \_\_\_\_\_