

Sunday School Registration Form 2009/2010

Please place completed forms in Kim Ring's mailbox.
One form per child, please.

Child's name _____

Grade _____ Birth date _____ Age _____ M / F

Mother's Name _____

Address _____

Home Phone _____ Cell Phone _____

Father's Name _____

Address _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Relationship to child _____

*Names of those who may pick up your child: _____

Food Allergies Y _____ N _____ List: _____

Medical concerns Y _____ N _____ List: _____

Family doctor _____

Doctor's Phone _____

Sunday School leaders have permission to photograph/film the minor designated above in any manner or form for any lawful purpose associated with this Sunday School program.

_____ for internal use only _____ for internal and external use

Parent's signature _____

***Parents of Pre -K/ K children are required to accompany their child into the building and sign their child into and out of the classroom.**