

Sunday School Registration Form 2008/2009

One form per child, please.

Child's name _____

Grade _____ Birth date _____ Age _____

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.***

****Please return form to the Church Office or place in Kim Ring's mailbox.****