



2016-2017 Sunday School Registration Form

Name: of Student: _____ Age/ Grade _____

Birthdate: ___/___/___ Parent's/Guardian's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Parent's/Guardian's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Emergency Contact Name _____

Relationship to student: _____ Emergency Contact Number: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Child's special medical information (allergies, diets, needs, ect.):

Child's special interests and activities?

____ I authorize church representatives to procure necessary Medical attention for my child when they are unable to contact the parent/guardian or emergency contact.

____ I give my permission for my child to be photographed/videotaped and have said images downloaded onto our church web site with the understanding that images will not include identifying names, phone numbers, e-mail or physical addresses.

____ I will update the church office regarding any changes in the above information.

If the church youth programs are in need of help in the following area/areas give me a call:

Driving An extra pair of hands for projects and or gatherings Telephoning

Donate supplies Prayer Support Shop for supplies Food for special occasions

My suggestion _____

Sorry, I am unable to help at this time

Is there any other information that would assist us in working with your child? (Please use the reverse side of this page.)

Parent/Guardian Signature: _____

Date: ___/___/___