

# Sunday School Registration 08-09



## Family Information

Last Name: \_\_\_\_\_

Parent Name(s) : \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Cell (Mother): \_\_\_\_\_ Cell (Father): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Family E-mail: \_\_\_\_\_

Please circle one: **Children/ Youth for 9:15 a.m.** or **Children/ Youth for 10:45 a.m.**

Child's Name (First & Middle, Last if Different)	M or F	Birth Date (mm/dd/yy)	School Grade
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Please indicate below any special needs/concerns/allergies/requests, etc.**

Where can we reach you during Sunday School? \_\_\_\_\_

Would you be willing to volunteer during Sunday School? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do we have permission to provide emergency medical treatment for your child(ren) if necessary? We will make every attempt to reach you in the building first. \_\_\_\_\_ YES \_\_\_\_\_ NO

May we use your child(ren)'s image for church communication and publication only such as newsletter, brochure, media specials, etc.? \_\_\_\_\_ YES \_\_\_\_\_ NO

Parent Signature: \_\_\_\_\_ Date : \_\_\_\_\_