

2018-2019 Sunday School Registration

Parent/Guardian's Name (Last, First) _____

Please list all adults permitted to pick up children:

Street Address: _____

City, State, Zip Code _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

	Name	Birthdate
Preschool		
Kindergarten		
Grade _____		
Grade _____		
Grade _____		
Grade _____		
Grade _____		

Allergies: _____

Emergency Contact Name: _____ Cell: _____

Emergency Contact Name: _____ Cell: _____

As part of our Sunday school program we would like to take pictures of what the children are doing. The pictures may be used by the church to promote other events within the church or be posted on our conference or church website, and our Facebook page. NO names will be listed with the pictures. By signing below, you give the church permission to take and use pictures of your child(ren).

Parent/guardian: _____