

SUNDAY SCHOOL REGISTRATION FORM

(please use the reverse side for any additional notes)

Family Name: _____

Address & Phone number: _____

Please list all the children:

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Parent #1 Name: _____ Cell Phone: _____ Email: _____

Parent #2 Name: _____ Cell Phone: _____ Email: _____

Please Note: Children up through grade four must be picked up at their classroom immediately following worship service by an adult, or sibling in grade 5 or higher.

Are you in church during Sunday School? YES NO Where do you usually sit? _____

If not, where can we reach you in case of emergency? _____

Please provide the name and relationship of anyone else you authorize to pick up your children.

Name: _____ Relationship: _____

Does your child have any allergies?

Please offer any information that you feel would be helpful to your child's teacher:

Does your child have any special talents or skills? (e.g. musical instrument, crafts)

Please Note: Remember to revise this form in the Religious Education office if there are any changes during the year. Thank you.

Signature of Parent or Guardian _____ Date _____