



SUNDAY SCHOOL
REGISTRATION FORM
FOR PRESCHOOL
THROUGH 6th GRADE
(2010-2011)



Child's Name: _____

Child's Age: _____ Date of Birth: _____

Grade or School Level in the Fall: _____

Name of Parents: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____



In Case of Emergency Contact: _____

Contact's Phone: _____

Relationship to Child: _____

Allergies and/or Other Medical Conditions: _____

Baptism Birthday: _____

Please check if you can help with any of the following ✓

I am willing to help teach _____ I will substitute teach _____

I will help with the Christmas program _____ I will help lead music _____

I will help with crafts _____ I can help Coordinate Sunday School _____

Signature: _____

I understand that photographs taken at the church will never be used on the website, the newspapers, facebook, or other media venues with a child's name attached.

Please check one:

I am ok with my child's photograph being used as long as a name does not appear with it
_____.

I would prefer my child's photograph not be used in any venue outside of the church
_____.