

# Sunday School Registration Form 2019-2020

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email(s): \_\_\_\_\_

Child 1: Name \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: M F Allergies/Health Concerns: \_\_\_\_\_

Child 2: Name \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: M F Allergies/Health Concerns: \_\_\_\_\_

Child 3: Name \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: M F Allergies/Health Concerns: \_\_\_\_\_

Child 4: Name \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: M F Allergies/Health Concerns: \_\_\_\_\_

I grant permission to photograph/videotape my child. Pictures may be used for publicity purposes (i.e. brochure, church website). Children will NOT be identified by name without my permission.

I am willing to help with Sunday School.