

Sunday School Registration Form 2021-2022

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.