

SUNDAY SCHOOL REGISTRATION 2009-2010

Child's Name _____
Last Name First Name Age

Address City, State, Zip

Home Phone e-mail

Birthday Grade Parent/Guardian name

Emergency Contact Relationship

Please list below those persons who are authorized to pick up your child during activities at the church.

Please list any persons who are unable to have contact with your child.

Please list below any allergies your child has or other health concerns we should know about.

Please list any areas and times you would like to volunteer with Sunday School this year.

From time to time pictures are taken of various activities taking place during children's activities.
I give permission for my child to be photographed.

Parent Signature _____ Date _____