

Children's Sunday School Registration Form 2011 - 2012 School Year



Date _____

Children's Information

1. Child's First Name _____ Goes by _____ Last Name _____

Birthday ___/___/___ M___ F___ Grade _____ Allergies _____

Medical Conditions _____ Adaptive Equipment _____

Sunday School Class name: 3yr 4yr K 1st 2nd 3rd 4th 5th Class Time:(for preschool only, circle all that apply) 8:30 9:45 11:00

2. Child's First Name _____ Goes by _____ Last Name _____

Birthday ___/___/___ M___ F___ Grade _____ Allergies _____

Medical Conditions _____ Adaptive Equipment _____

Sunday School Class name: 3yr 4yr K 1st 2nd 3rd 4th 5th Class Time:(for preschool only, circle all that apply) 8:30 9:45 11:00

3. Child's First Name _____ Goes by _____ Last Name _____

Birthday ___/___/___ M___ F___ Grade _____ Allergies _____

Medical Conditions _____ Adaptive Equipment _____

Sunday School Class name: 3yr 4yr K 1st 2nd 3rd 4th 5th Class Time:(for preschool only, circle all that apply) 8:30 9:45 11:00

Parent Information

Parent Names: Father _____ Mother _____

Address _____

Street

City

Zip

Cell phones: Father _____ Mother _____ Home phone _____

Parent's e-mail _____

I/we would be willing to assist by :

Teaching

Substituting

Helping

Any Way Needed

Providing Snacks or Supplies

Please see backside of this page to complete registration.

Children's Sunday School Registration Form 2011 - 2012 School Year Continued

Information About Your Children

Do any of your children require a nurse or caregiver while they attend Sunday School? _____
If yes, which child? _____

Do your children have any physical restrictions about which we would need to be aware? If yes, which child? Please explain. _____

The following questions are optional. We encourage you to provide us with any information you feel would help us provide the best possible Sunday School experience for your children.

Do any of your children have any learning or behavioral concerns you would want us to know about? If yes, which child? Please explain. _____

Are there rotations/ activities any of your children would/could not participate in for which you would need an alternative activity or rotation? _____

Do your children have any special areas of interest, talents or abilities that you want to share?

Release of Information

By registering for Sunday School you agree that information contained may be shared with the child's Sunday School Teacher, if necessary. If you have specific concerns, please speak to Rev. Jenna Mobley directly.

Parent Signature and Date

Media Release

I grant permission and release use of the name, voice, likeness or combination of any of the three for the purpose of church media and communications during the 2011-2012 year for the children listed above. My signature also represents that I am legal guardian of said children.

Parent Signature and Date

I do not grant permission and release use of the name, voice, likeness or combination of any of the three for the purpose of church media and communications during the 2011-2012 year for the children listed above. My signature also represents that I am legal guardian of said children.

Parent Signature and Date