



Today's date: _____

2011-2012 SUNDAY SCHOOL REGISTRATION FORM

(ONE FORM PER CHILD) *Indicates Required

YOUTH/CHILD INFORMATION

Youth/Child's full name:

Birth date: / / Age (as of Sept. 1, 2011): Gender: Male Female
Month Day Year

Church member of: Baptized: Yes No School Grade (as of Sept. 1, 2011):

Youth cell phone: () Youth email:

PARENT OR GUARDIAN CONTACT INFORMATION

Parent's full name:

Address

City: State: Zip:

*Home phone: () Work phone: ()

Cell phone: () *Email:

Parent's full name:

Address

City: State: Zip:

*Home phone: () Work phone: ()

Cell phone: () *Email:

Guardian's full name:

Address

City: State: Zip:

*Home phone: () Work phone: ()

Cell phone: () *Email:

YOUTH/CHILD BACKGROUND INFORMATION

Child's school:

Child's special interest and activities:

Any Allergies (Please list) :

Siblings attending church school: Yes No

Names and Ages:

SUNDAY SCHOOL REGISTRATION FORM (Part 2)

ADDITIONAL INFORMATION

Additional information that would assist us in ministering to your child:

EMERGENCY CONTACT INFORMATION

Name: _____ Home phone: () _____

Relationship to child: _____ Cell phone: () _____

Name: _____ Home phone: () _____

Relationship to child: _____ Cell phone: () _____

Name of Health Insurance Company: _____

Policy Number: _____

I authorize medical treatment for my child in case of accident or illness, if parent cannot be located or if an emergency situation should arise

Parent/Guardian's Signature: _____ Date: _____

Please print name: _____

- Media Release -

I give permission to use my child's name, photograph and/or performance recordings (including audio and/or video forms) in brochure, web, and other promotional materials.

Parent/Guardian's Signature: _____ Date: _____

Please print name: _____