

SUNDAY SCHOOL REGISTRATION

DATE: _____ SCHOOL YEAR: _____

CHILD'S FULL NAME: _____

IS CHILD BAPTIZED: _____ BAPTISM DATE: _____

MALE/FEMALE: _____ GRADE: _____ SCHOOL: _____

AGE: _____ DATE OF BIRTH: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CHILD LIVES WITH WHOM: _____

ALLERGIES/MEDICAL CONDITIONS: _____

MEDICATIONS: _____

My child has permission to participate in all Sunday School activities during the current school year. We also give permission for emergency medical treatment of these children in case of illness or accident. We further understand that we are financially responsible for the medical expenses on behalf of our children.

SIGNED: _____ DATE: _____

IF POSSIBLE, A \$10 DONATION PER CHILD (MAXIMUM OF \$25 PER FAMILY) WOULD BE APPRECIATED.