

# 2024-2025 SUNDAY SCHOOL REGISTRATION

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 2024-2025 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.